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BUILDING A PROFITABLE PRACTICE

BEING A TEXT-BOOK ON
MEDICAL ECONOMICS

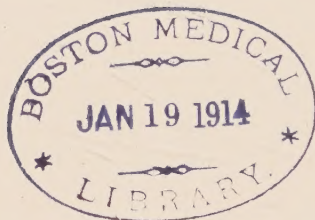
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Introduction

THE contents of this volume are the results largely of notes made in the first few years of practice. They represent the problems that presented themselves to the author in the early days of practice and often seemed more troublesome than difficult medical cases. It is not intended as a *vade mecum* for the older practitioner. As far as the author is aware there is no work on medical economics that bridges the chasm between the medical school and actual practice. The science of medicine is taught, but there is no text-book that teaches the student the *modus operandi* of getting patients to offer themselves for the exercise of this skill which he has tried so hard to acquire.

The substance of this work was originally embodied in a series of lectures delivered for the past five years to the graduating class of Fordham University.

The author has received much help and many suggestions from various books and authors, notably from the book on "The Physician Himself." Due credit is given at the end of each chapter to the more important sources of information. It is interesting to note that as early as the twelfth century lectures on this subject were given by Archimatheas, at Salerno. The instruction for the immediate coming of the physician to his patient runs

as follows: " When the doctor enters the dwelling of his patient, he should not appear haughty, nor covetous, but should greet with kindly, modest demeanor those who are present, and then seating himself near the sick man accept the drink which is offered him (*sic*) and praise in a few words the beauty of the neighborhood, the situation of the house, and the well-known generosity of the family,—if it should seem to him suitable to do so. The patient should be put at his ease before the examination begins and the pulse should be felt deliberately and carefully. The fingers should be kept on the pulse at least until the hundredth beat in order to judge its kind and character; the friends standing round will be all the more impressed because of the delay, and the physician's words will be received with just that much more attention." " On the way to see the sick person he (the physician) should question the messenger who has summoned him upon the circumstances and the conditions of the illness of the patient; then, if not able to make any positive diagnosis after examining the pulse and the urine, he will at least excite the patient's astonishment by his accurate knowledge of the symptoms of the disease and thus win his confidence." He says, " When the doctor quits the patient he should promise him that he will get quite well again, but he should inform his friends that he is very ill; in this way, if a cure is effected, the fame of the doctor will be so much the greater, but if the patient dies people will say that the doctor

had foreseen the fatal issue." (See Walsh in "Old Time Makers of Medicine.")

In most schools the instruction has consisted in the giving of one such lecture each year. Under the system of preceptors, this was probably sufficient because the student imbibed enough practical knowledge from his preceptor to fit him for the struggle for existence. It is the hope of the author that his work may serve to keep at least a few from falling into the thousand pitfalls that threaten the beginner. If it shall save at least one such, then the work has not been done in vain.

Preface

AT the commencement of a medical career, many great problems face the beginner. It is for many men the most momentous time in their career. Errors made then are frequently never righted, habits acquired are seldom changed, and the whole building of a medical education may collapse and the graduate enter another line of work and activity. Sometimes the most insignificant causes bring about these results.

As the time draws near for the reception of your diploma, each one begins to think of the future. You have been drilled in the science and art of medicine, and it shall be the aim of this discourse to correlate what has gone before with the usage of the profession, and to teach the business principles underlying the successful practice of medicine.

Many men well skilled in the science of medicine are lamentable failures when it comes to actual practice; not so much from their failure to understand, to diagnose, and to treat disease as to make a livelihood, and to know how to get along with their patients and other doctors. It may be well for such to pause and to ask the reason therefor, and how can this be better done than by a retrospective view of one's life from the date of graduating?

THOMAS F. REILLY.

August 15, 1912.

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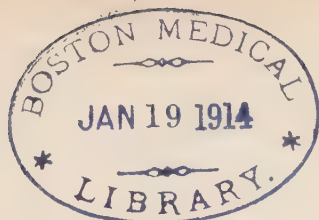
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BUILDING A PROFITABLE PRACTICE

CHAPTER I.

THE ECONOMICS OF MEDICINE.

HOSPITAL APPOINTMENTS AND INTERNESHIP.

WE will suppose that you have succeeded in getting your diploma. What are you going to do? My personal advice for those who can possibly do so, is to seek hospital interneship. It may seem a long time to devote one or two years, after the law allows you to make money, in the pursuit of knowledge without any financial return, but this experience is equivalent to the experience of ten years in actual practice; more than that, it teaches you the limitations of your confrères, and in addition broadens your charity to all men.

In active practice you will probably never see the same limits of practice, the poor and the rich, the good and the bad, grouped together under similar environments, and you will nowhere see human nature so completely unadorned. The advice of a friend who lacked the hospital experience, when asked the question if he should take an interneship by a recent graduate, still rings in my ear, "If you

can't afford it, borrow the money, if you cannot borrow it, steal it," and shows in a way the value of such an education.

These hospital appointments are usually to be had as the result of competitive examination. The attending physicians realize that this is often a mistake, as in many instances the readiest man at an examination fails signally as a house officer or mayhap is so disagreeable personally that every one is glad when his term of service is over. As it seldom or never happens that an interne is dismissed without some grave reason, this is all the more onerous on those who must come in contact with him.

For this reason it is advisable to present yourself to as many as possible of the members of the examining board of the institution as well as the secretary of the board where you will seek position, with the greatest possible number of letters of recommendation as to your ability, character, etc., but above all, as to your mixibility if I may use the term.

Take all the hospital examinations that you can, as you will learn more catch questions and practical points in a half dozen such examinations than in a month of medical education. Don't despise the small hospitals located in the suburbs. In many instances they offer better opportunities for general practice than the large metropolitan institutions. Many hospitals have a medical and surgical service. If possible do not take an exclusively sur-

gical service. You will get very little surgery in the first few years of your practice.

A general medical service is the most useful for the recent graduate. Hospitals devoted to specialties, as obstetrics, eye, children, etc., usually demand as a requisite that the applicant has had a previous general hospital service. The experience that you will need mostly in your early days is pædiatric, and this service is usually difficult to get.

If you do take a hospital appointment, try to make the close personal acquaintance of one of the members of the visiting staff, as it will be many a dollar in your pocket.

He will probably be flattered by your attentions and will do all in his power to advance his *protégé* after you leave the institution.

THE INTERNE.

While in the hospital do not forget for one moment that you are always a pupil and a servant; even though some little authority is given to you.

The notoriously swelled head that most hospital physicians acquire while internes is responsible for the sneering smiles of the near-by practising physicians. This applies with greater truth to the ambulance surgeon than to any other. Even the laity are constantly laughing at the pompous arrogance of the ambulance surgeon.

His ambitious statements to the reporters of the press are daily excitants of laughter and ridicule. His wonderful diagnoses face us on every page. I

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pray you avoid these marvellous exploitations of your genius. Some hospitals have, in addition to the regular staff of internes, one or more men who live outside and yet do much routine hospital work—they are termed externes. Failing to get an interneship, an externeship is not to be despised. If you fail to get a place, you can often secure one by advertising in the medical press. You will find many opportunities to substitute for a month or so in most hospitals while the residents are on vacations. It is also well to do this during your senior and junior vacation. The story is told of the man having one of the largest general practices in New York who, failing to get a place on the staff at Bellevue, went in as a trained nurse for a year or two to get the experience. His after-success justified his humility.

While in the hospital be courteous to the physicians living in the neighborhood and to all of those sending cases to the institution. Nothing gives a hospital such a bad reputation as a succession of assertive internes who ridicule and sneer at the diagnoses and treatment accorded patients prior to their entry into the hospital. The interne generally takes the patient's word at full value and thinks that the attending physician must be an old foggy because he calls an enteritis a bloody dysentery, etc., or a lobar pneumonia an inflammation of the lungs. As a consequence of such remarks the practising physician is apt to criticise the hospital at every opportunity. Furthermore, when you go out



Intern's quarters in a large hospital.

into active practice the fact that you told patients that they would have died if they had not come to the hospital when they did will make the old physician watch you carefully. It is wiser to praise the physicians who have previously attended all of the cases on your service, as it does the hospital no harm and helps yourself and everyone else.

Cultivate the friendship of the patient while an interne, and also the friendship of the friends of the patient, as by just that many more people you will be known after you get out in practice. While I do not advise you to do it, the graduates of a certain large hospital in this city get the names and addresses of all the patients that they treated during their hospital service, and send cards to them, announcing their start in practice. This is not ethical. If people have become acquainted with you and really like you, they will look you up when they wish your services; at any rate, they will know who you are when your name is mentioned.

Treat all the nurses uniformly, and you will not be the object of jealous remarks. Be pleasant to them at all times. Nurses may often be the means of sending patients to you in your early practice. Unfortunately, friendliness between nurse and doctor, because of the fact that matters of a sexual nature are supposed by the laity to be an open book to them, is often misinterpreted. Be scrupulous in this matter. As a house officer, don't elevate the head nurse over the junior physicians, as is the custom in some institutions. Keep the nurses in their

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place and do not joke with them. For the most part they idealize you and think that you are infinitely greater than you really are. Levity brings you down from this pedestal. Furthermore, it is generally misinterpreted, both by the nurse and the patients. Your jokes are taken very seriously by your hospital patients, and the nurse will presume to skip her duties if she thinks you are very friendly. In many hospitals the attentions of the house staff to the nurses are a cause for dismissal of the nurse. This is especially so, if it be known that they have gone to a theatre, etc., together. This works a hardship on the girl, although you will seldom be punished for it. Many women go into the nursing profession with the avowed object of marrying a doctor, particularly an interne; such girls even come from the very best families. The uniform and the surroundings of a hospital, which often serve to bring out all of the best and most womanly traits in a woman, often make a deep impression on a young man at the most impressionable age. In some cases at least the other side of the temperament is not in evidence; so do not be in too great a hurry to try to make a living for some one else before you know whether you can swim yourself.

While it is undoubtedly true that, for purposes of discipline, there should not be too much freedom between members of a hospital staff, still in most hospitals the studied reserve of the house physician toward the senior, and he in turn toward the junior,

is generally carried too far. Because you are six months older in medicine than your confrère, does not confer on you the title and knowledge of the gods. A hearty coöperation secures better service, both for the staff and for the institution. Don't lord it over the man who comes from a smaller college than yourself. He has studied the same text-books as yourself, and doubtless knows as much, if not more, than you do. In after-life, on the other hand, because you are a graduate of some prominent hospital, don't put on that "holier than thou" expression which so often characterizes the former internes of some metropolitan colleges and hospitals. Holding a retractor for a top-notch surgeon does not mean that his genius has been conveyed to you by any particular form of animal magnetism.

Before leaving the hospital, ask the opinion of all of the attending physicians and surgeons as to a suitable place for beginning practice. They are in a position to know of any good berths that may be open.

CHAPTER II.

POST-GRADUATE STUDY.

IN THE UNITED STATES.

AFTER you have finished your hospital course and if you do not feel like beginning practice, a year or two spent in post-graduate study in America or Europe is of great advantage. There are post-graduate schools in Chicago, Philadelphia and New York. The best known schools are the New York Post-Graduate, the New York Polyclinic, the Philadelphia Polyclinic, and the Chicago Post-Graduate. The New York schools are the largest and best organized, although very good instruction may be had elsewhere. In many lines of work the post-graduate schools in this country are equal, if not superior, to those conducted on the continent. They are, however, better fitted for the one who has been in general practice some time than for the beginner, whereas the European schools are organized to fit both classes. In these American schools there are courses in almost every branch of medicine and surgery. The cost varies, but averages \$25 for a six weeks' course. Inasmuch as several courses are taken at the same time, a period of six weeks will cost about \$125.

IN EUROPE.

The call of Europe will always be answered by some of you, and for that reason a brief outline of

foreign post-graduate instruction, as far as it applies to Americans, will be presented. Not a few go to Europe for the prestige, but that seldom counts very much, unless one has been well established for some years in some locality before going abroad. Anyone contemplating such a trip should commence his preparations at least four months in advance. Letters of introduction to foreign professors, unless they come from very close friends of the professor or from the very leaders in the profession, are practically useless. A hundred dollars is worth more than a bushful of letters. If you intend to go to France or Germany or Austria, a working knowledge of the language is necessary. It is true that there are courses in English in Vienna and a few in Berlin, but they are not of much value. German is the language of Vienna. A course of 15 or 20 recitations with a competent teacher of languages here will make a good preparation. In Berlin and Vienna you will find many who will complete your education in the language at moderate prices. It is customary to board at residences where only German is spoken, and this increases your vocabulary. Any of the medical centres of England, Germany, France or Austria will afford plenty of instruction. Germany and Austria are now the chosen places for the medical man, much as Paris was a century ago. Time spent under these Teutonic influences is valuable, not only because of the amount of knowledge gained, but more so because of the ever-present examples of enthusiasm in the cause of medicine as a science. Nowhere are there

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so many young men willing to work in laboratories and clinics for years and years, with only the slightest hope of promotion. Everything in life is subordinated to the attainment of the title of Professor. The result of this idealization is shown by the fact that more than half of the masters of medicine today are of Teutonic origin. As a consequence, in Germany a doctor is "somebody," and your visiting card with the title of M.D. thereon is productive of as much respect as the badge of the Legion of Honor would secure elsewhere. There is scarcely a field of research existent but that you will find a leader in the subject in some of the large cities of Germany.

You should next secure a passport by writing to the Department of State, Washington, D. C., for the necessary credentials. This you may register with the consul when you arrive. You must find out in a general way when the courses that you wish to enter begin, and whether there are vacancies. If you intend to go to Berlin, the Year Book of the Anglo-American Medical Association contains all of the necessary information. This you should write for, enclosing stamps, address, Anglo-American Medical Association, Friedrich-Strasse 105 B, Berlin. Courses not contained in this book you will find in the "Verzeichnis der Vorlesungen" (List of University Courses), 25 cents in foreign stamps; also "Freie Kurse für praktische Aerzte" (Free Courses for Practising Physicians). These may be obtained at the above address.

GERMANY.

The twentieth of the month is the best time to arrive in Berlin, as this allows you time to get settled and to make course arrangements. The courses start on the first of the month. In Berlin, medical courses are divided into (1) the regular university courses, which are given to undergraduate students; (2) vacation courses, given by the university instructors during March and October; (3) monthly courses by private instructors, which are given all the year. These latter correspond to our post-graduate school work, with the exception that they are usually not given under one roof as is the case here. Attendance at the regular university courses is not apt to be interesting to you, but it is generally free. The vacation courses in October and March are bargain-counter courses and last for one month. A position as voluntary assistant to a professor is often allowable in out-patient departments and even in the hospitals. Your compatriots will generally try to place you, if you are agreeable. On arriving in Berlin, it is a good plan to go at once to the Café "Kaiserkrone," corner of Friedrich- and Karl-Strasse, and there, between 11 A.M. and 3 P.M., you will meet some of your compatriots, who will give you all of the necessary information as to cost of rooms, etc.

In many of the smaller cities in Germany much good study may be done. In some ways these smaller places are better than the large centres, because there are not so many students, but unless

you are quite familiar with the German language, it is wiser to go to the capitals. Among the smaller cities, Munich offers splendid opportunities in psychiatry and diseases of the eye, because of Kraepelin and Eversbusch. The usual fee here is \$15 per course. In Leipsic, there are no organized courses for foreigners, but one can do good work in the clinics.

Heidelberg is an attractive place, and by reason of the presence of Erb Krehl and Czerny, is generally visited by Americans. At Frankfort, Ehrlich's laboratory is the Mecca that attracts those of a biochemical turn of mind. At Strassbourg, some of the best research work in the world has been done, and the genius of Schmiedeberg, Naunyn and Krehl still makes this a Mecca for clinician and laboratory worker. It is a quiet place, with every opportunity for study. At Hamburg, Lehnhardt is a commanding figure; at Breslau, Neisser and Minowski; at Jena, Stitzing and Riedel; at Würzburg, Leube; at Cologne, there is good post-graduate instruction that is well organized, with Bardenheuer and Tillmans. The Academy of Practical Medicine at Düsseldorf offers courses in most of the major specialties at a nominal fee of \$1.25.

VIENNA.

If Vienna be the goal, write to the American Medical Association of Vienna, Café Klinik, corner Spital- und Lazarethgasse. This association issues



Glimpses of Medical Europe (Thompson).

Surgical Clinic.



Glimpses of Medical Europe (Thompson).

Nerve Clinic.

Royal Charité, Berlin.

a book of courses with full explanations; it costs 20 cents and postage. A complete list of lectures and courses, given during the winter and summer and vacation, is contained in the official catalogues, (1) "Verzeichnis der öffentlichen Vorlesungen an der Wiener Universität im Winter und Sommer" and also (2) "Verzeichnis der Ferialkurse." These may be had by enclosing 10 cents for each book in foreign postage, to Rob. Coen, IX, Alserstrasse 6, Vienna, Austria. A hand-book in German, English and French of the post-graduate medical work is also published by Urban & Schwarzenberg, I. Maximilianstrasse 4, Vienna, sent free; enclose stamps.

The cost of living averages from \$10 to \$12 per week. There are splendid opportunities for dissections in Institute of Anatomy, and for pathology in the Pathological Institute. Those courses cost \$10 to \$15 for eight weeks. The following schedule represents the typical cost of courses: Diagnosis, \$10; hematology, \$25, 6 weeks; surgery of ear, \$20, 8 weeks; rhinology, \$20-\$40, including usually one major operation on the patient to be performed by the student. A special class for any branch or specialty can generally be had if the lecturer is guaranteed a minimum fee, varying from \$100 to \$150 for the entire class. To anyone wishing to do the work of an interne, the position of Hospitant in the wards is generally obtainable. They have the same rights as the house physician, but no duties.

On arriving in Vienna, go to the Café Klinik, corner Spital- and Lazarethgasse, opposite the en-

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trance of the Public Hospital, known as the "Allgemeine Krankenhaus." Here you will meet your countrymen, who will be only too glad to give you all the necessary information as to board, etc. The good fellowship that characterizes the English-speaking student at Vienna is one of the most striking things abroad. The headquarters of the American Medical Association of Vienna is at present at the Café; the association numbers, at times, a hundred and fifty men.

LONDON.

In London there is now a grand opportunity to study. The post-graduate work is in charge of the associated schools of medicine of London for post-graduate teaching. The course consists in admission to the ward and out-patient departments of fifteen of the largest hospitals in London. Lectures are given, post-mortems performed, and a vast amount of clinical material is utilized. Such a course is of greater benefit to the young practitioner than special courses, unless he has determined to specialize early in his career. The cost of such a course is \$50 for three months, and \$75 for six months. The advantages are that a knowledge of English is all that is required. One must have credentials that you are a graduate in medicine. Application should be made to the office of the Post-Graduate Association, 20 Hanover Square, London, W. There is another large post-graduate school,

known as the Medical Graduate's College and Polyclinic, 22 Chemies St., London, W. C. This institution offers all sorts of instruction in medicine, surgery and the more important specialties, for \$5 per year. The North East London Post-Graduate College has a course in surgery for \$26, special courses for \$5; address Prince of Wales Hospital.

The West-London Post-Graduate College also furnishes post-graduate instruction.

The Liverpool School for Study of Tropical Medicine also takes post-graduate students.

In Dublin, the Rotunda Hospital is the Mecca for those interested in obstetrics. Probably no other teaching institution in English-speaking countries compares with it in this line of work.

SCOTLAND.

In Scotland, the post-graduate courses are well organized, both in Edinburgh and Glasgow. The work in Edinburgh is controlled by the Royal University, and a letter addressed to the university will secure all the needed information. One of the best courses extends from the first Monday in August to the end of September; the cost is about \$10 a week. In Glasgow, the control is vested in the Glasgow Royal Infirmary. In Edinburgh, the courses are given each year in August and September, sometimes extending into October. The courses in Glasgow run about the same way as those in Edinburgh. Honan very aptly suggests that for the

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American arriving in Europe for study in the summer, a good plan would be to spend August and September in Scotland and England, going to Berlin late in October, when the German professors have returned from their vacations, and when active work begins.

PARIS.

In Paris, there is no well-organized post-graduate instruction, but if one knows what he wants, he can generally find excellent teaching in any particular branch of practice. A card of admission to all of the hospitals of Paris may be obtained from Administration Générale de l'Assistance Publique, Avenue Victoria 3. However, usually one is well received at any of the hospitals at 9 o'clock in the morning, by simply presenting your visiting card to the doorman, with a request that it be sent in to the professor whose work you wish to witness.

The courses organized during the year are posted in the building of the Faculté de Médecine. The *Presse Médicale* often contains announcements of such courses. The fees vary from \$10 to \$20. Courses are organized twice a year at No. 18, Rue de Luxembourg, in May and in November. The course at the Pasteur Institute is from three to four months long, and is given twice a year. Inquiry should be made to Dr. Roux as to vacancies, etc. A general bureau of information on all of these matters, with attendants speaking English, can be found at Bureau de Renseignement Scientifique at the Sor-

borne. Board in the Latin quarter costs from \$30 to \$40 per month.

Information in regard to post-graduate medical courses in all countries is to be had from the Medical Information Bureau, Kaiserin Friedrich Haus, Berlin (postage).

Any one of the places mentioned above offers good enough facilities for the young practitioner. In general, one is more benefited by post-graduate work done after five or six years of general practice. At that time one begins to have leanings toward certain lines of work wherein he feels that he could do better work. He is then in a position to discard the branches of lesser importance, and if you go to Europe after some years of general practice, the hygienic benefit will be greater.

REFERENCE BOOKS.

Thompson: Glimpses of Medical Europe, J. B. Lippincott Co.
Honan's Handbook to Medical Europe, P. Blakiston & Co.

Hall, I. N.: Post-Graduate Work in Vienna, J. A. M. A., Dec. 7, 1907.

Osler, Wm.: Vienna and Paris, J. A. M. A., May 9, 1908; Feb. 27, 1909; March 6, 1909.

Davis, A. S.: Vienna, Journal Ophthal. and Otology, April, 1909.

Mannheimer: Post-Graduate Study in Europe, Medical Record, May 8, 1909.

Deney: Psychiatry in Munich, J. A. M. A., Jan. 1, 1910.

Kast: International Conference on Medical Education, The Post-Graduate, June, 1910.

Slocum: The American Medical Student in Vienna, Phys. & Surgeon, July, 1910.

An English Handbook to the Paris Medical School, P. Blakiston.

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GERMAN-ENGLISH BOOKS.

German-English Medical Dialogue (Lewin), published by Dr. Werner Klinkhardt, Leipsic.

Medical Vade Mecum in English and German, B. Lewis. P. Blakiston, \$5.

This is the best work of its kind, and while the cost is a little more, it is worth it.

Self-taught French, Spanish, German, Italian. By Dick & Fitzgerald, 18 Ann St., N. Y. Very cheap.

Deutsch: Medical German—a very good book, J. H. Vail & Co., N. Y.

The Journal of the American Medical Association supplied the above index of articles.

The Continental Anglo-American Medical Society consists of a majority of the English-speaking physicians practising medicine in Continental Europe, and it may be of value to have a list of such names, either because of sickness or social reasons. Dr. Chas. J. James, St. Boulevard Malesherbes, Paris, will furnish the list on application (postage). It is also contained in the 1912 Edition, Medical Directory of the American Medical Association.

CHAPTER III.

THE HOSPITAL AND DISPENSARY SERVICE.

HOSPITAL POSITIONS.

HOSPITAL positions, *i.e.*, appointments on the visiting staff, will not come to you for years; ten years is all too early for such appointments. These positions require much judgment and responsibility, and you will be sharply watched, and your mistakes will be all too evident.

However, there is not much likelihood of your getting such a place. In most cases they are obtained through favoritism and usually come only after years of service in the dispensary. Besides this they require a great deal of time which means loss of money within the first decade. An assistantship is the most that you can reasonably hope for; take it by all means if you can get it.

If you do not have the opportunity to take a hospital position as an interne, the next best thing to do is to get some practical experience in a dispensary. Whether you have had a hospital internship or not dispensary experience is of the greatest service as it is more like the ordinary run of office practice than the hospital service. If possible get into a dispensary near your home. One connected with a hospital is better than otherwise.

DISPENSARY.

In a large city almost any one in charge of the dispensary will gladly receive you, and if you will content yourself for a few months with doing the clerical work, such as taking the names and addresses of patients, histories, etc., and are disposed to be humble, you will find a place.

It is far better to go in as an assistant to some older man than to have sole charge of a clinic yourself. Also it is a good plan if you can possibly arrange it, to get into a different class or specialty every three or four months. In this way you will become posted on all of the common diseases of the specialties. However, don't spend more than three hours a week in dispensaries. Be prompt at your dispensary and treat all of these cases with as much consideration as though they were paying you.

It is not permissible to get any outside practice from dispensaries as a rule, and it seldom pays. Be scrupulous in this regard, as it will always come to the ears of the patient's former medical adviser and he will resent it. You will seldom get much financial return for such services. Some dispensaries make it a rule not to allow the attending physician to give his address to patients. Others are not so particular.

Don't go into the dispensary with the hope of becoming chief of clinic in a few months or years. That would be a calamity to yourself. You must have the older men show you the thousand and one

things that are not put down in the text-books. Good hard work always counts, but do not expect to get at 30 years of age what you should have at 40, nor at 40 what you should have at 50. One finds any amount of men who have the desire and ambition to become professors, but the great majority want the position handed out to them at once. Long, hard years of preparation is the only way that anyone can maintain such a position as visiting physician or that of a professor. It is only recently that a young man with more riches and ambition than others was asked to resign from his position as attending physician to a large hospital, because he was not better, or in some cases as well posted on medical matters, as the internes. The humiliation of such a case should be a warning to all that such positions should not be accepted until one is well grounded in experience. Now the practice of medicine seems like an open book to you—everything clear, clean-cut, but 10 or 15 years from now you will not think that you know quite so much about diseases. This is no place to discuss the ethics of treating rich and poor at the dispensary. Yet I feel that you should not treat anyone who is able to pay an outside physician. It is a hardship on the dispensary physician to be compelled to question patients' ability to pay. Yet there are so many people who take advantage of the free and easy supply of medical charity that something ought to be done. These people will sometimes tell you that they believe that they will

get better treatment at the dispensary than elsewhere. In such a case, let them consult the dispensary physicians at their homes, and a complete list of the dispensary officers may be given to such a one. If this is impossible, don't give such a one any more consideration than the poor and lonely one who comes dressed in threadbare clothing.

You go to the dispensary principally to get experience, and financial consideration should not sway you; but good, steady work in a dispensary will give you a reputation among a clientele that will often mean a fair fee from some of their friends who will hear of you.

Take an interest in the dispensary patient and treat him as carefully as though you were being paid for it. It will command his respect and you will profit by the experience. There is a strong tendency in dispensaries to be "short" with patients, to treat them according to a routine and to give them no consideration when they ask any questions as to diagnosis and prognosis. This is not fair nor just. It is partly due to the *esprit de corps* of the dispensary and partly to the ignorant, disagreeable class of patients that frequent such clinics. Be kind to all and avoid this dispensary manner, which is so common and so easily acquired, or you will surely unconsciously carry it into your private work, much to the disgust of your patients.

CHAPTER IV.

STATE BOARD EXAMINATIONS AND LICENSES.

As a general rule the student who has taken a four-year course in an academy or high school of the first class with a four-year course in a medical college is eligible for any State board examination. Passing examinations is a kind of mental gymnastic exercise that belongs to youth and youth only. You probably have now more of the knowledge that delights examiners than you will ever have again. So pass your State board examination as soon as possible. It is customary to review the work in the form of quiz compend, for a week or two beforehand. In many States a book is published by the Regents giving the questions at all State board examinations in that State for the past five years. In default of this "Goepp on State Board Medical Examination" or Medical Record State Board Examinations, will be found quite satisfactory. This covers the questions and answers in all of the States.

INTERSTATE RECIPROCITY.

There is a small pamphlet covering all of the questions of interstate reciprocity; what requirements are necessary in each State, and under what conditions licenses of other States are accepted. This pamphlet is published by the American Medi-

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cal Association, under the title of "Laws Regulating the Practice of Medicine in the United States and Elsewhere," and can be had for a trifle at 535 Dearborn Street, Chicago, Ill.

PRIVILEGE OF ATTENDING CASES IN OTHER STATES.

NON-RESIDENT physicians and surgeons are accorded the privilege of attending patients within their jurisdiction, by the following States: California, Connecticut, District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Vermont and Wyoming, but they are not allowed to have an office in the State, unless licensed. New Jersey permits a physician of another State to take temporary charge of a practice of a physician, if a notice be filed with the State Board. You must register your certificate or license with some designated county officer in the county in which you reside and where you will practise. Whether you can practise in another county in the same State without registering your license is an open question. You can always attend cases outside of the county, but it is not always lawful to open an office in another county, unless you file a copy of your license in that county. The rule holds good that States, granting the reciprocity mentioned above, allow consultants from other States to see cases with resident physicians. Practically, there is very

little trouble in this matter; it is only in the case of physicians, living on the border of the State, that there is likely to be any friction. In such cases, the courts usually are very liberal in their interpretation of the law.

CHAPTER V.

LOCATION.

MOST men will be anxious to get to work as soon as possible and the great question is where to locate. If one could afford a trip across the continent at the entrance of practice, I am confident that many would locate in the Western fields of promise. The profession is more respected and better compensated there than in the East, and I would strongly advise a transcontinental trip if one could afford it before settling down.

This is out of the question for most of you, so which shall it be, the large city or the small town, generally called the country?

From the time of Horace, pages have been written on the pleasures of both. It is certainly easier to get a living practice in the country place earlier than in the large city. The eventual possibilities are not so great and there is always the complaint of "what might have been" in the ambitious mind. The work is considerably harder, more pleasant, less confining, more honored, and less exacting from a technical standpoint.

If ambition to more than make a living and enjoy the comforts of life has fired your soul; if you wish to climb the heights of science to secure the plaudits of your fellows, then the largest field for your activity should be your goal. The place with

the most opportunities for study, advancement and eventual financial gain, is, of course, the large city, the city of a million or more. There is always one consolation in such a location, that you will never have to feel, after years of hard labor and study with only moderate success, that you have missed anything. Simply you did not have the ability. "What might have been" is the saddest epitaph of any life. On the other hand, financial success comes much more slowly and is not so permanent. By this, I mean that patients change much more quickly in large cities than in the smaller places. When one has a family in the small town, in a large proportion of cases he has the whole family for life. This is not so in the large city. One often finds two or three doctors attending in the same family, and there is a growing tendency to regard all doctors like dentists as very much alike. Again, the city physician does not have the long night calls that his country brother must occasionally make. He has his opportunities for medical education in the medical societies, libraries, etc., and intercourse with his intellectual equals, together with his laboratories, aid him in diagnosis. The city hospitals, too, take care of troublesome cases, give counsel in difficult cases, and administer to the patient's comfort. One must not think for one moment that he does not pay a heavy tax for all of those advantages. It is incumbent on yourselves to choose whichever of these two pictures appeals to you. One will succeed in one condition, where he might fail

in the other, although I believe that the one who makes a prominent success in one field would at least have done passing well in the other.

The polished and affable, the scientifically inclined would shine to advantage in the city; but what use is there in pointing out such things, as everyone thinks he possesses these and similar virtues! Voilà!

If your ambition in life is to amass a comfortable competence for your old age, to raise a family and to be respected by the community; if you are fond of the country, its greenness and its trees; if your health demands it, then, by all means, hie yourself to the small town; no one goes to practise in the country itself. There are few towns that do not boast of more than one doctor. The automobile and telephone have made the farmer your next-door neighbor. If you have the choice, of course you will settle in a prosperous country. Don't locate in a neighborhood where the fees average as low as 50 or 75 cents a house visit. It is practically impossible for you ever to make a living in such a community. Don't go into a decaying community, or one where there are no industries, nor good farms. The fact that there is another physician in town does not lessen your chances. There is no man, no matter how good and clever he may be, but has enemies or dissatisfied clients; these people may be entirely honest in their likes and dislikes and will be only too anxious to employ and boost you.

Likewise, in the large city it is sometimes an ad-

vantage to be located in a street where there are a number of physicians, as people will go there in emergencies, with the assurance that they will find at least one doctor at home. In the Western States, notably Ohio, it is customary to have an office in a corner bungalow and to live in another part of the city. This has its advantages for the one who is well known, but it is questionable if it is profitable to the beginner. Likewise, in Chicago, the prominent specialists and consultants have their offices in the business part of the city and live elsewhere. The same tendency is observable in New York.

It is not always wise to practise in the town where you were born and brought up. In some places it is a great advantage to do so. The social relations, if they are of the right kind and if you can preserve your dignity, will certainly bring a practice much earlier than when you begin among strangers. However, at home there are more heart-burnings, more unkind criticisms, and it is questionable whether you will make as loyal patients as you would among strangers. If your training has been good, and you have always shown a clean score, then I believe that you will more easily acquire a competence in a neighborhood wherein you are well known. You will probably find collections more difficult than among strangers.

In beginning in a neighborhood you should look for the influential citizens of your community and cater to their good graces, taking every legitimate opportunity that is offered to obtain a foothold.

Never begin in a poor locality, nor in a locality sparsely settled. If you want business, you must go where it is.

Don't settle in the small place with the idea that as soon as you have saved a few dollars you will move to the great city. That day will probably never come, and if it does you will have lost the natural increment of the years of waiting and toil. But above all pick out a place where you would like to live out your days. After all, your own health and comfort should be the most important factor in your choice. It is said of the physicians of Butte, that they live there only long enough to make enough money to spend the rest of their life somewhere else, and from the nature of the place I can readily believe it.

Once you locate don't move about to another section or even another street, if you can possibly help it, as every year in one house is in itself an increment on your capital stock, otherwise known as reputation, and frequent moving much impairs the capital. A section of the city where people own their own homes is best, because they are permanent fixtures, whereas most of the tenement dwellers move every second year.

If you decide to locate in a large city, unless you have a large circle of friends, it is better to go into a tenement quarter or near one.

A city, containing a number of factories of different kinds, makes a good location for the beginner. In such places, money is usually in circulation, and

if one class of work is slack, there will always be other factories running. This makes for ready money. The small suburbs of large centres are also good places. Certain parts of the country are known to be already overstocked. Southern California is notably full. So many physicians have gone there for their health that it is currently reported that the State board of California makes the examination for license very difficult.

Religion.—In general there are three religious bodies whose members prefer, and often insist on, having a physician of their own belief.

(1) Orthodox Hebrews.—In many of the smaller cities there are groups of this race that will employ one of their own kind, even though it inconvenience them greatly.

(2) Roman Catholics also are apt to desire one of their own, because they feel that he may better understand their point of view. There are many communities of a thousand and more members of this faith where there is no Catholic physician. A letter addressed to half a dozen Bishops ought to be the means of finding out such places. In writing such letters of inquiry to anyone always enclose a stamped envelope with your address. Religious periodicals may also take cognizance of such requests.

(3) Among protestant denominations, the Methodists are more kindly disposed toward one of their own faith. The same procedure, as above men-

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tioned, might be followed in finding a suitable opening.

In commencing practice you ought to have at least a capital of about \$500—\$150 for equipments, and \$350 to supply your first year's deficiency. At the end of that time, in most instances, you can make your living expenses.

CHAPTER VI.

OFFICE.

IF unmarried, seek a room in a house. It should be on the ground or stoop floor. A back-parlor is commonly chosen, with the privilege of using the front parlor as a waiting room. There was a time when physicians rarely opened an office in a flat or apartment house. Now, that the conveniences of the apartment are so many, it is becoming quite common to find many prominent men occupying such quarters. The night service and telephone are items that partly compensate for the privacy of the house. Furthermore, many chance-calls come from the families in apartment houses. In addition, a large number of people become familiar with your name, and you are talked about correspondingly. I feel quite sure that for the beginner the apartment house is more advantageous than the private house. Whether it is true for the one well-established in practice is another matter. If possible, have running water in the office or near-by. This can usually be installed easily in apartment houses. The office, if possible, should be convenient to street-car lines and near main thoroughfares.

It is better to begin on a prominent street or avenue. A corner is better than the middle of the block. Your object is to let people know that such a being as yourself exists. The fewer steps to climb

the better. Don't go on the same floor with a tailor, dentist or any other business.

If you are boarding have your meals away from the place where you have your room. I say this because you will often tire of the food when you cannot very well tire of the room, besides eating in a boarding house or restaurant will cause you to make other acquaintances and patients.

Don't tell the people of the house all of your business and don't let them get at your accounts, etc., because the time will come when you and they will disagree and they may publish far and wide all that is derogatory about you. It is better if you can have a relative, a sister or mother, to keep house with you, as they, through their conversations with chance acquaintances, will be the means of making your presence known in the locality. It is surprising how little talk of this kind is sometimes sufficient to bring patients.

In the country a black sign, 2 feet long by 9 inches high, with gold letters is in general use. In the city the ordinary window sign consisting of white glass about 2 feet long and 4 inches high with black lettering is in common use. Have the sign read Dr. or Doctor, rather than M.D. There are so many osteopaths, hydropaths, opticians, etc., nowadays who have a D. at the end of their title that people do not always notice the degree.

It is better to let people know you are a real doctor. Physician and surgeon does not look well, and impresses no one to-day. The lettering should

not be large, and if the sign is far from the street be careful not to have it too small. Such a sign will cost about two dollars.

In the early days of your practice it is well not to have any office hours painted on the sign, because some people, on looking at the sign and noting that the time is past your office hours, will pass on while you may be anxiously waiting for a client.

A brass sign costs about five dollars and is a good investment. For outside use, a glass sign with black back and gilt letters is attractive, but will often crack in cold weather. In addition, a small celluloid nameplate on the door is generally advisable. The location of your office will be a factor in deciding whether two or three signs are better. In some localities a lamp burning behind the window sign will bring night work. Have the room lighted until 11 P.M. A neatly arranged box of flowers in the window sometimes attracts attention to the sign.

The office should be well heated in winter. The location should be in as quiet part of the first floor as possible. It should have plenty of light all day, in default of which gas and electricity can be utilized as well. In fact, a large number of offices in large cities are so lighted.

It is sometimes an advantage to let patients out without their having to pass through the reception room. This feature is seldom troublesome in the early days of practice.

The size of the office is not of much concern to the beginner. A large office certainly makes a better

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impression. A desk and three chairs are absolute essentials in the furnishings.

A lounge is almost an essential and, if you do not care to buy an examining table at once, it will serve for examination, etc. It is well to put up as many diplomas as possible.

This may seem bad taste, but then you must reflect that you are, professionally at least, a stranger to your early patients, and all that they have to recommend them to trust their lives in your hands will be the knowledge that you have been at least trained in the practice of your profession by men who have thought you worthy enough to sign their names to your diploma. All things being equal, the man who has graduated from three good institutions would be preferred by any of us to the man from one; and the patient must form his opinion from what he sees.

A nice clock placed in a conspicuous place is almost an essential. One should have a lamp that is capable of furnishing light for a laryngoscopic examination. A student lamp which can be raised and lowered by a screw will answer until there is enough work to make it pay to put up a wall bracket.

A wall bracket is of course more ornamental, but is not a necessity. Also a set of Snellen's test cards, a cuspidor and a mirror. This mirror should be so placed on the wall that women can see to adjust their hats, etc. It should be at least 2 feet high by 1 foot wide. The room should always be well heated, so that no feverish patient can ever say that he



Compact and convenient arrangement of desk, card index, and lights.

caught cold in your office during an examination. See that it is well aired several times daily. As to furnishing your office later on in practice, the more luxurious the better.

It is well to have a small alcove or lavatory for washing of hands.

If the tables are covered with glass, there is less dirt collected, and they look clean and attract attention. A mirror can be placed on top, and it will improve the appearance very much. Have few, if any, pictures in the office; above all, it should be neat and clean. That is your workshop, not a reception room for social entertainments. Let everything indicate that you are a doctor, a doctor only, first, last and at all times. Whatever you have in the line of apparatus, have it on view.

It may seem bad taste to have apparatus, etc., on view, but I am fully convinced that the more visible apparatus you have the better. Many people reason that the man with such things is better fitted to treat them, should the occasion arise to make their use necessary, than one without them. This is certainly true. If you do not have the apparatus handy, you will put off treating many a case that needs such treatment.

INSTRUMENTS.

The following instruments are absolutely necessary to have in your office:

- 1 obstetric forceps,
- 1 small soft catheter,

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1 surgical pocket case,
1 head mirror,
1 laryngeal mirror,
1 tongue depressor (spoon will do),
1 applicator,
dressing forceps,
curette,
catheter,
nasal speculum,
aural specula,
odd size urethral sounds, from 15 to 27,
a couple bougie-a-boules,
vaginal speculum,
a couple English catheters,
atomizer and solutions for same,
scale for baby's weight,
fountain syringe,
urinary test set,
hypodermic syringe,
rectal tube,
stomach tube,
uterine dilator,
1 syringe for antitoxin, aspirating, etc.

In addition, as soon as you can afford it, a microscope with a 1/12 immersion lens, a bath-room scale for weighing adults, a nasal snare, intubation set, tonsillotome, nasal forceps, adenoid curette and forceps, corneal spud, placental forceps and sponge holder, Politzer bag, endoscope, proctoscope and sphygmomanometer.

In your hypodermic case you should have at least a tube of the following hypodermic tablets: morphine, atropine, apomorphine, nitroglycerin, and any others that you may feel are necessary. There should be two needles at least, because one may be broken or rusty when urgently needed. When it happens that the needle is rusty, one can frequently overcome this difficulty by filling the syringe with water, screwing on the needle and then pushing the plunger as far as it will go. A match is then lighted and held beneath the needle until it is red hot, pushing the plunger meanwhile. In a majority of instances, the obstruction will be relieved and permeation of the needle established.

A weighing machine, electrical apparatus of all kinds, an X-ray machine, lamp for laryngoscopic work, vibrator, etc., are each and all valuable adjuncts.

The following surgical supplies should be on hand:

- 1 lb. gauze,
- 1 lb. 2-inch gauze bandages,
- 1 lb. muslin bandages,
- 3-inch absorbent cotton,
- package of splint wood for splints,
- 5 yards sterilized gauze or cheese cloth,
- antiseptic tablets,
- a roll of rubber,
- adhesive plaster,
- set of pessaries,
- chloride-of-ethyl spray,
- lamb's wool for tampons.

Have a large daily calendar or memorandum with a large margin on your desk. You can make a note here each day of the name and address of each patient as they come in; also a list of all the calls of the day. It is a money-saving habit to do this, as it prevents the loss of names of office-callers, which often occurs when no such system is followed; after a while it becomes almost a second nature to write down the name of anyone who calls. Try to have a system in your office, have everything spick and span, and have your gauze, tampons, etc., prepared during your leisure time, so that no time will be wasted while the patient is there. Everyone will admit that the doctor's office should be equipped in the best possible manner. Impressions are more easily made on a sick person than at any other time, and a bare, cheap-looking office is not calculated to increase the patient's confidence in the ability of the doctor. There is no question but that physicians in the past made a success with nothing but a desk and prescription pad, and probably they would succeed in a measure to-day in some places, but in most of the large centres the laity are quite well posted and the doctor is often judged by the appearance of his office and his methods.

A lawyer spends upwards of \$2,000 for books before he can open his office; these are his instruments, and yet he may have to buy many new volumes because of his first case. A cigar store or notion shop will need a thousand dollars to stock it, before beginning business. Yet many physicians

who do a business twice as large are content to run along with a very meagre equipment. There is practically no apparatus in their office, and they are apt to be disgruntled and sneer sarcastically when they find that their patients have gone to the man who shows that he has the goods to work with. It may be a professional question sometimes, whether he knows how to get the best results out of his apparatus, but the layman cannot, of course, be the judge of that.

The keynote of the office should be cleanliness, whether it be in the neatly trimmed beard or the clean shaven face and immaculate linen.

Smoking.—Do not smoke in your office. Many people do not object to the odor of tobacco, but at least a few do, and those few may not come again in consequence, while no one ever came to your office because it did smell of tobacco. The stale odor of a pipe is extremely objectionable to most people, even to many who smoke. A physician's practice depends to a great extent upon the ladies, and no lady ever enjoyed the odor of stale tobacco, although a few may tolerate it.

It is advisable to have a large, flat-topped desk in the centre of the room, and both day-light and gas-light in such a position that the light will shine on your back and on the patient's face. Your own eyes being thus in the shadow and his in the light, gives you better opportunity to observe objective symptoms and also gives you a psychical advantage

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over him, which advantage makes him more likely to follow your treatment and increases his confidence in your ability. This confidence is an excellent help in your treatment.

Always have your office neat and clean. Do not have refuse cotton, etc., from the last patient lying about the floor.

THE FOLLOWING MEDICINES SHOULD BE IN YOUR OFFICE :

Aromatic spirits of ammonia,
brandy,
Hoffmann's anodyne,
tincture of iodine,
balsam of Peru,
aristol,
adrenalin,
solution silver nitrate (1 per cent. and 10 per cent.),
stick of silver nitrate,
carbolic acid, or a similar preparation,
cocaine solution (4 per cent.),
chloroform,
rhubarb and soda mixture,
bichloride of mercury tablets.

BOOKS.

The only books that are absolutely necessary are your college text-books, including one each of the specialties.

By all means subscribe for at least one first-class medical journal. If you join the American Medical

Association (see later) you will have one of the best journals in the world free of cost. The books you should buy afterwards are monographs on various diseases or a system. Don't buy any more textbooks for some years.

A telephone is almost as essential as a door-bell. Instruct the one who receives the messages to take the calls in a pleasing voice and do the same yourself. Nothing is more aggravating than to receive a curt, rasping answer over a telephone. Always have the message repeated, as many people forget their own address in the excitement of telephoning. It is well to have the instrument located so as to be handy for night calls in order that you will not have to traverse the whole house to get to it.

The attendant who opens the door should be clean and neatly dressed. A frowsy maid in a kimona or dressing gown is not calculated to impress people.

RECEPTION ROOM.

The reception room should be pleasantly situated, well lighted and nicely furnished. There is much diversity in furnishing reception rooms. Some men have few if any articles of furniture, while others have it filled as a parlor.

Personally, I think the handsomer the room is furnished the better is the impression made. One is apt to think that a poorly furnished or dirty reception room betokens similar qualities in the

owner and prejudices the patient before he sees you. Don't allow the family clothing, such as coats, collars, etc., to be strewn on the floor or chairs; let it be always neat and clean no matter what else you have in it.

There should be plenty of reading matter, including one or two current magazines, views of travels, etc. There should be no political or religious material on the wall or table.

The patient feels miserable enough when he comes in. The more tact you display, the more respect you command. There should be nothing in the reception room to suggest what sort of a place it is; the surroundings should be bright and cheerful.

Your cards should be placed on a plate in a prominent place. In your absence in the early days of your practice it is well to have some one of your family come in from time to time to inform the waiting patient that the doctor will be in presently. In every case they should usher the patient in before informing him that you are not at home.

If the patient be once seated he will not so likely be in a great hurry to leave. A few judicious words from the attendant will start a stream of conversation, and with women especially such conversation is not apt to lag, and the time will not seem so long.

Never have the attendant say that you are at a theatre, place of amusement, ball game, etc. You are always out on a call or business.

There should invariably be a definite time when

you are expected home, even though you have neglected to fix the hour. Many a call is lost through the answer, "I don't know when the doctor will be home." Many a child is pacified and kept as a patient by a tactful presentation of a cracker, glass of water, candy, etc., by the attendant.

CARDS AND LETTER HEADS.

Have printed 500 small neat cards with your name, office hours, and telephone in plain letters. Sometimes it is customary to have the words morning, afternoon or evening alongside of the various sets of office hours. The letter heads may be duplicates of the card or your plain name, without address, as your taste decides.

Bill heads should contain a duplicate of your cards, also state in plain large letters the fact that this is a monthly statement of account, also a statement that all accounts are rendered monthly, otherwise some people may take offense when they receive a monthly bill. Engraved stationery can well wait until the bread-and-water days are over.

The envelopes should have your name and address on front or back.

OFFICE HOURS.

It is better for a beginner to have office hours at all times, ready to receive patients always. After you have some practice, arrange your office hours to suit your digestion, *i.e.*, meals after office hours.

It is the general custom to have one or two morn-

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ing office hours. Two hours in the afternoon and two hours at night, because many people cannot come in until the day's work is done.

Morning, Nine to Ten

Afternoon, Twelve to Two

and ordinarily from six to eight in the evening, will accommodate most people and will not seriously interfere with society meetings, evening calls, etc.

Do not make frequent changes in your office hours, as it confuses many people. Have your Sunday office hours in your early years at least at the same time as on other days. Many people can only come to a doctor on Sunday.

If there are many physicians in the neighborhood, it may be well to have office hours at a time different from the others. On your cards and prescription blanks have office hours printed from the start.

Later on, it is a good plan to have a bell to the servant from the office to let her know when to send patients in, also a bell from the servant's location to office to let you know how many patients are waiting, so that you can economize your time. The leading consultants, as a rule, generally have a plain reception room with plenty of reading matter and occupied by a typewriter, who in her spare moments acts as office nurse and book-keeper.

It is customary for her to present a card to each patient upon which he or she writes their names,

or else does it on the typewriter. This is sent in to the doctor as soon as the present consultation is finished.

If the business or call be urgent a continuous ringing of the bell informs the doctor that he is wanted immediately.

AS TO TWO OFFICES.

If you can secure a room in a friend's house in a densely populated neighborhood, about a mile or so away from your own office, and at a small rent, it may be well to open a second office there. Have specified office hours in each place.

This is all the more advisable if there be easy and quick transportation between the two places. You will soon tire of the proposition, but in the meantime you will have picked up a few families who will probably stick to you, and your name will be more familiar than otherwise. One of the worst things from a business standpoint is for the people or physicians to say of any doctor, "I have never heard of him."

THE DOCTOR'S HOUSE.

There comes a time in the life of most doctors when they want to own their own home. This they hope to construct so as to make it as handy and efficient as possible from a business standpoint, and as homelike and convenient as well. There are almost as many different styles of doctor's houses

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as there are physicians, and the needs of each one are different from all others. The subjoined cuts, taken from the Journal of the American Medical Association, seem to cover the subject of convenience and efficiency as well as any with which I am acquainted.

CHAPTER VII.

EXTRA-PRACTICE SOURCES OF INCOME.

ON the threshold of practice many of you will feel that you cannot afford to get along without some financial aid for the first year or so of waiting for practice. Some men borrow three or four hundred dollars for this purpose. Others seek for an extra-practice-means of keeping the wolf from the door. Economy in all things will often avert these evils.

There are three classes of opportunities for making a living in medicine outside of regular practice, to wit:

1. Such as the government service.
2. Those which offer only a temporary assistance, as municipal opportunities.
3. Those that offer a permanent increase without interfering greatly with private practice.

Some of you may wish to enter the army or navy medical service. There are some men who by nature are fitted for these services; some who are not willing to put up with the complaints and whims of patients, who seek a regular life, one devoid of change and excitement and who are fond of the formality attached to the service. Theoretically it

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is a fine place for study, but thus far few have availed themselves of this feature.

THE ARMY.

The Medical Corps of the United States Army consists of about 500 men. The vacancies are filled by examinations. Permission to appear before the board is obtained by letter to the Adjutant-General at Washington, from whom the necessary blanks and rules as to examinations can be obtained. The candidate must be a citizen between 22 and 30 years of age, with one year's hospital experience or the equivalent of private practice.

The examination is a very rigid one. It consists of four parts: (1) the preliminary one (the preliminary one includes examination as to physical condition); (2) general education; (3) professional knowledge; (4) the final, following a course at the Army Medical School at Washington.

The candidate must be 5 feet 4 inches in height. The eyesight must be normal or correctable by glasses. The general education, part of the examination, is not more difficult than the preliminary requirements for admission to the New York medical schools. The professional examination is in writing. Applicants who attain a general average of 80 per cent. are appointed to the rank of first lieutenant, and are ordered to the Army Medical School for instructions. The salary commences at once. After eight months' instruction a final examination



U. S. Army medical tent with field equipment.

is taken and a commission granted. There are very few who fail to get the commission after appointment. The salary amounts to about \$2000 per annum. Every five years there is opportunity for advancement up to about \$3500 per annum. Medical officers must take their tour of service throughout the United States and Philippines, averaging a year or two in each post. When stationed near large cities, there is opportunity to increase one's income, because there is no restriction from practice on the outside of the post.

THE NAVY.

The naval medical service is somewhat similar to the army service. The examination and promotion follow the same general course. The pay is a little more. The naval surgeon has not the same opportunities to increase his revenue as the army surgeon. The latter can usually make a snug sum from treatment of laymen about the post where he is stationed, whereas the naval surgeon, except when in a foreign port, seldom has any such clientele. At the age of 62, or when disabled, they are retired and receive an annual pension amounting to three-fourths of the pay they received at that time. The army surgeon is retired in the same way.

THE PUBLIC HEALTH AND MARINE HOSPITAL SERVICE.

This service covers the duties of quarantine immigrant inspections, epidemics, national sanitary

problems, etc. There are 131 medical offices. The service is entirely medical.

Candidates must be between 22 and 30 years of age, graduates of a reputable medical college, and must furnish testimonials from responsible persons as to their professional and moral character.

The following is the usual order of the examinations: 1, Physical; 2, oral; 3, written; 4, clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists in examination of the various branches of medicine, surgery, and hygiene.

The oral examination includes subjects of preliminary education, history, literature, and natural sciences.

The clinical examination is conducted at a hospital, and when practicable, candidates are required to perform surgical operations on a cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order as vacancies occur.

Upon appointment the young officers are, as a rule, first assigned to duty at one of the large hos-

pitals, as at Boston, New York, New Orleans, Chicago, or San Francisco.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Promotion to the grade of surgeon is made according to seniority and after due examination, as vacancies occur in that grade.

Assistant surgeons receive \$1600; passed assistant surgeons, \$2000, and surgeons, \$2500 a year. When quarters are not provided, commutation at the rate of \$30, \$40 and \$50 a month, according to grade, is allowed.

All grades above that of assistant surgeon receive longevity pay, 10 per cent. in addition to the regular salary for every five years' service up to 40 per cent. after twenty years' service.

The tenure of office is permanent. Officers travelling under orders are allowed actual expenses.

For further information, or for invitation to appear before the Board of Examiners, address "Surgeon-General, Public Health and Marine-Hospital Service, Washington, D. C."

The government positions should be taken up only as a life work. Any one entering the army, navy or marine hospital service, with the idea of remaining there only a few years and then resigning to enter upon a general practice, is making a grievous error. This training does not fit a man for general practice.

The private sanatoriums, which are becoming more and more plentiful every year, offer many opportunities. Here the appointments are made by the physician in charge. The salaries range from \$900 to \$2000 per annum.

In the lumber camps and mining districts in the West and Southwest, physicians are employed. A recent graduate can seldom get more than \$100 per month at such work. The great drawback about this institutional work is the lazy habit it engenders. There are few men who go into these institutions and who remain more than a year or two that ever want to get out and hustle in private practices. They become hospitalized and have no inclination to work. Unless you are physically incapacitated do not take such positions.

INSANE HOSPITAL SERVICE.

Owing to the great increase in the number of insane there are a large number of positions open for those who wish to take up this field of work. It is a depressing service, and one becomes easily institutionalized who enters this service. On the other hand, there is little strenuous labor involved in looking after the insane.

In New York State there are more than a thousand such positions.

The rules and regulations now state that all officers are required to have a New York State license. The grades are as follows:

Medical Interne.—Salary, \$1000 per annum and maintenance. These officers are appointed after a Civil Service examination. After one year's service in State Hospitals they are eligible to the appointment of Assistant Physician.

Assistant Physician.—Salary, \$1200 to \$1600 and maintenance. Medical internes who have served one year in State Hospitals and also those physicians who have had one or more years of general hospital experience are eligible for this position after examination. When there are vacant staff quarters for married people the superintendent has the discretion to allow officers of this grade, who are efficient, maintenance for himself and wife.

Senior Physician.—Salary, \$1800 to \$2200, with maintenance for physician and family. Assistant physicians are eligible for the position of senior assistant physicians, after three years' service, after taking competitive examination.

First Assistant Physician.—Salary, \$2600 to \$3000, with maintenance for family. Senior assistant physicians are eligible for this grade after two years' service.

Pathologist (First Grade).—Salary, \$2600 to \$3000, with maintenance for family. These physicians are appointed after a competitive examination. The grade reserved for the largest hospitals and the commission has the power to designate such hospitals as shall appoint physicians of this grade.

Pathologist (Second Grade).—Salary, \$1800 to

\$2000, with maintenance for family. These physicians are also appointed after competitive examination and the grade is intended for pathologist in the smaller hospitals.

Medical Inspector.—Salary, \$3500, with traveling expenses.

Medical Superintendent.—Salary, \$3500 to \$6000, with maintenance for family.

Superintendents are appointed from a superintendents' list. Only first assistant physicians and the medical inspector are eligible for the grade of superintendent. The examination for superintendent and medical inspector is usually held at the same time. Superintendents are now chosen from the grade of medical inspector.

All salaries increase \$100 per year from minimum to maximum.

The commission require that clinical conferences must be held at least twice a week; at these the various patients are presented by the physicians who write up the cases; the discussion is taken down by the stenographer; the various differential diagnoses and treatments are considered, and the presentation notes are added to the clinical history.

The Psychiatric Institute, situated on Ward's Island, gives courses of instruction in nervous anatomy and psychiatry twice a year for those who show aptitude for the work.

Physicians who enter the service are at once placed upon the reception ward, where, after a suit-

able period of observation, they are all allowed to make mental and physical examinations. Every effort is made to encourage the men to interest themselves in the work; an excellent library, containing all the literature in English and foreign languages, is available. Those who have shown special aptitude are allowed a leave of absence for study in European clinics.

Examinations for the position of medical interne and assistant physician are held every few months; those for the higher positions, when vacancies are at hand. The Civil Service list holds good for one year.

With reference to the comparative salaries between New York and other State institutions for the insane, it may be stated that the New York State salary at the present time is higher than any other; the hospitals offer more opportunities for those who wish to engage in psychiatric work than any other State institutions. The New England State hospitals pay much less salaries, and next to the New York State service the Illinois State hospitals offer better opportunities as to salaries than other States.

MERCHANT MARINE.

Some of you may for a time at least prefer a life at sea. To such a one the passenger service of the great transatlantic and coastwise steamships offers an inviting field. If you decide to take such a position, you should secure a letter of introduction to

the general agent of the company upon whose ship you wish to serve. It is seldom that you will be appointed at once, but persistence in calling every week or so will keep the fact of your application in mind. It might be well to do this with several companies. In the meantime call on the surgeons of other lines while in port and you may often have a chance to substitute. Personal interviews in such cases are absolutely necessary. Your qualifications are sufficient for any line, but the English and Dutch lines usually require men of their own nationality.

Payment is received in two ways: (1) the money received from the company; (2) the compensation derived from patients as an honorarium or, in vulgar terms, as a "tip." The American Line pays \$50 per month; the fees may vary from \$25 to \$150 per trip, depending on the season and the class of passengers carried. The doctor is usually the close friend of the captain and is accorded the official standing of second in rank to the captain. This depends largely on himself. He is kept pretty busy during the whole trip, both night and day; in some cases making two hundred visits a day on patients. He dispenses his own medicines in a room adjoining his state-room and is on duty night and day. In fact, there is often more work at night than at day. He must make rounds with the captain each day.

The American and Holland-America lines employ American doctors; some of the German lines will soon do likewise. The Wilson Line ships em-

ploy American surgeons during the summer months without compensation. Freight steamers which sail from port to port are sometimes a good means of seeing the world or of taking a vacation. Of course, there is little or no pay for such service. The largest owners of such transportation steamers are the Elder Dempster S. S. Co., sailing the Royal African Mail Line (the office is at 21 Water Street, Liverpool), and the Hamburg-American S. S. Co., with offices in New York and Hamburg. Among the other lines are the Hamburg-American, to the West Indies, South and Central America; Lamport and Holt, running to South America; in fact, nearly all of the large lines that are running to South America. The only reason that should prompt any of you to take such a position is for your health or vacation. Ship doctor is a term of opprobrium. They usually become too lazy to do any scientific work, have no future and are very apt to become drunkards or habitués. Six months is the longest time that any one should spend in such service.

To those of you who have an aptitude for teaching and who remain in the large medical centres, there are plenty of teaching positions, if you persistently look for them. The pay may be nothing or scarcely enough for your carfare, yet in no other way can any branch of medicine be so well studied as by instructing others in its principles.

INSURANCE EXAMINERS.

The only insurance work that is likely to come to you during the first year or two will be the so-called "industrial insurance." These are small policies of from \$50 to \$200 and the premiums are paid in weekly payments. The examiners' fees average about 25 cents for each examination. The companies doing most of this business are the Metropolitan, the Prudential, and the John Hancock. The work can be done at any time you choose and is a good means of spending your idle time. As there are usually many examinations to be made, you may get your rent out of it.

The large insurance company usually insists on an experienced man who has an extensive practice. In some places, of course, this is impossible. The fees vary. In the large cities he is paid by salary and must devote at least two hours in the home office daily, and in addition make several outside examinations. This amounts to from four to six hours a day. The salary is \$1200 per annum. In the outlying districts \$600 a year is paid for examinations. Of course these out-of-town men do not have to do any office work. In many instances the fee system is still in vogue. The fees vary, but they average about \$5 per examination. As to requirements, all companies seek to get men who have had hospital practice and who are in good standing in their local and State medical societies. Any other qualifications, such as membership in many learned

societies, hospital or dispensary positions, etc., of course, add to a man's ability, and consequently increase his chances of appointment.

Applications.—If the company has a medical referee for the district in which you live, you should make your request to this office. It is his duty to keep informed of the standing and acquaintance of physicians in his territory. If there is no referee, send your application in to the home office of the company. Your request to receive consideration must be accompanied by indorsements of reliable and well-known people. Some of the companies take a number of young men who are hospital graduates and train them up in the home office for a period of three months, working under the chiefs of this department. They are paid \$100 per month. After they have satisfied the management of their ability, they are given important positions in the out-of-town districts.

Don't let any insurance agent beguile you into taking out insurance, with the bait that he will have you appointed medical examiner for the district. Be sure that you get your appointment and some work before taking out any policy. The large companies do not resort to this method. Fraternal and lodge insurances usually pay \$2 for an examination. Get all of such commissions that you can.

When you are examining an applicant for admission to a secret lodge or fraternal insurance company, after the routine examination, look into the

nose for spurs, polypi or enlarged turbinates; into his ears for inspissated cerumen or a retracted drum and test his hearing. Examine his rectum for hemorrhoids, etc., and if you are competent in any specialty here is an opportunity to get legitimate cases; and as lodge physicians are expected to give free medical attendance only, any surgical work that is required will be paid for at the regular rates, and when you consider that almost every man has some trouble with his nose you will see the size of your field. The problem before you is simply to convince him that the operation is necessary and beneficial, and knowing this is true that should be a simple matter.

HEALTH DEPARTMENT WORK.

The most commonly sought aid in the nature of a fixed income that the young physician looks to in the large cities is the Health Department. In New York City there are between 500 and 600 such positions. They are filled from Civil Service lists, the result of competitive examinations that are held every two years. The only class to which you are eligible is that of Medical Inspector. The duties of this class fall in one of three or four classes: (1) vaccination; (2) medical inspection of all of the children of several schools; (3) the routine inspection of communicable diseases in a certain district; the taking of cultures, giving antitoxin, etc. In addition there are a few positions as assistant bac-

teriologists and hospital physicians in the department. These positions average about \$100 per month. The work requires between four and six hours a day.

The examinations are fairly rigid and are in writing. Influence counts for little, as far as getting on the eligible list is concerned. After that, however, pull is powerful in all cities.

Formerly these positions were easy berths. To-day the \$100 per month is well earned. They are not conducive to acquiring practice and should not be sought after, unless after long trial one makes a failure of general practice. In small communities conditions are somewhat different. There they do not demand much time away from practice. No position of any kind demanding several hours a day with a fixed salary is conducive to building up a practice. You will rely on it and you will not exert yourself sufficiently to get private work.

Personal contracts to take care of a family or an individual by the year are not often entered into, yet there is nothing unethical in the procedure.

Police and fire surgeons are only chosen from those long in practice. There are only a few positions in the State service and in the street railroad services, but they are not apt to go to the recent graduate. Some of the large department stores have physicians to look after their help; such a position takes up about half of your time and pays about \$100 per month.

MEDICAL JOURNALISM.

In all of the large medical centres many a dollar may be earned by arranging with the editor of a medical journal to spend your spare time in making abstracts of medical articles. If you can take shorthand notes, you can put in many evenings with profit by reporting Medical Society Proceedings. The medical journals receive books for review. These you may obtain free if you will write a review of the work. Annually neat sums are paid to physicians who act as reporters at the large medical meetings for these journals. This work does not need to be taken in shorthand.

Work of the kind here mentioned is remunerative in more than one sense. In no way can you get such an intimate knowledge of the idols of the profession, their faults as well as good traits; at the same time you are fixing a vast field of information for your practice.

LODGE PRACTICE.

The evil is very tempting to the beginner. He is importuned by some of the members of a lodge that this will be a good means of introducing him to their families, that he will get the obstetric practice, the children's diseases, accidents, etc., together with the annual dues. The introduction is more seductive than the fees. The fees consist of a sum varying from 50 cents to \$2 per capita per annum; \$1 is the prevailing fee. As a matter of fact, few men get

much out of this line of work. The man who does succeed would succeed just as well without it. The people do not think they are getting satisfactory treatment, no matter how careful and conscientious the doctor may be, and once they have that notion, nothing will change their value of your services. They know you are cheap and they will not trust their children to you. From the obstetric standpoint, their wives will have the same feeling. The Foresters and Red Men are the largest organizations of that kind in this country. There is nothing contrary to ethics in doing this work, but it will never pay you. The title lodge doctor will always cling to you and, unless you are very hard up financially, I would not advise your taking such appointments. There are many grades of such lodge and club practice.

Still lower in the scale is the so-called health contract insurance. In this the family pays 10 to 20 cents a month as an insurance against illness. In case of illness the doctor will attend them free. The doctor gets 10 cents a month out of this 20 cents. Obstetric cases are extra. As only the poverty stricken take this up, you can easily see where you will get the extra. This is the lowest and meanest of them all. Do not under any circumstances take up this work; rather retire from the profession and go behind a drygoods counter as a clerk than touch it.

PATHOLOGICAL EXAMINATIONS.

Most of the recent graduates in medicine, especially if they have had a hospital experience, are competent to do all of the ordinary pathological work, such as examination of sputa, urine, blood, tumors, etc. On the other hand, there is a growing number of practitioners who feel that they cannot satisfactorily examine urines, blood, etc., and take care of their practice. They may examine the urines sent to them, but it is generally in an imperfect manner. As a consequence, there has been developed in the large centres, within the past few years, a class of men, not physicians, who, having learned the technique of these examinations, make a contract to do all of this pathological work that is ordinarily required by a doctor, for a lump sum varying from \$75 to \$100 per annum. Each day a messenger calls at a stated hour and gathers the specimens and returns the results of the previous day's examination. Anyone having from 25 to 50 doctors on his list can make a nice income in this way. There is no reason why you should not do such work; you are infinitely better qualified to do it than those who do it now, and even though you have only the work of a few men, yet it will probably pay the rent, and you can make the collections and return yourself, until you can afford to have a boy make the calls after school. When your time becomes so valuable, you can easily eliminate as much as you choose. If you do this work, be scrup-

pulous, as an error on your part may mean the life or death of a patient. Even in small cities, if such a proposition was placed before the half dozen busy practitioners with a contract for \$50 or \$75 per annum, I am quite sure there would be no trouble in securing their assistance. Such work never lessens your status in the profession, as many other forms of outside work do; on the other hand, you rise as a result of it.

CHAPTER VIII.

THE START IN PRACTICE.

BUYING A PRACTICE.

IN the rear pages of most medical journals, and the *Journal of the American Medical Association* in particular, you will find a number of advertisements offering practices for sale. A number of agencies, notably the Echo of Lynn, Mass., make a business of buying and selling such practices. Generally, these practices represent the labors of one who, having spent a number of years in general practice in a small city, wishes to remove to a large centre to take up a specialty. In other instances, the seller is incapacitated and is forced to move on account of his health.

Beware of buying a dead man's practice, unless you can take it up within a week or two of the physician's demise. In most cases, the practice includes the sale or rent of the house or office with the fixtures. In any case, you should have a few months' personal introduction by the retiring physician. It is only in case that there is absolutely no competition that you can expect to reap any sum approximating that received annually by the seller. In small towns, you need not expect to retain more than one-third of the former practice. In large cities it

will not average more than one-fourth. Even this introduction is a powerful lever in aiding your success.

When buying a practice, make a hard and fast bargain that the seller must never again take up general practice in that city.

PARTNERSHIPS.

A partnership between two men of honor is mutually advantageous. It requires a lack of self-importance in both. The older man may turn over his laboratory work to you, the care of the minor cases and the work of watching at the bedside in important cases. The training that you will get from such intimacy cannot be measured, while the introduction to a large clientele, that you could not possibly obtain for many years, will follow. If you make such an arrangement, you must practise self-effacement and never criticise the older partner who is always watching for such criticism. Partnerships are continually advertised in the medical journals. All sorts of positions open to you are advertised in the medical journals. You can advertise here yourself, if you do not find what you are looking for. In addition there are a number of agencies who make a business of arranging places for physicians. You will find their addresses in the rear part of many medical journals.

SEEING DOCTORS IN THE NEIGHBORHOOD.

Immediately on opening your office, call on all of the doctors in the neighborhood, say within a radius of one-half mile or so. Make a point of seeing them at their leisure and tell them that you have started in, that you will be glad to be of any assistance, and if they have any charity patients that they wish you to take care of gratis, that it will be agreeable to you; also that night calls will be cheerfully responded to; that you are prepared to do urine and bacteriological work; that you are anxious to administer anæsthetics for them.

Do it even though you get no returns for it. This talk will be one of your best investments. It may not bring interest for a year or more, but it will surely help you.

During this visit find out the fee table in vogue in that particular location. Unless you are dealing with an exceptionally high class of practitioners, you will find the fee table idealistic, and that a third to one-half less is gratefully received.

CHAPTER IX.

MEDICAL SOCIETIES.

DURING your calls on the profession, find out if there is any medical society in the place. Every large city has several and you will not have much trouble in joining one. The value of the medical society to the young graduate is inestimable. Here you will meet your neighbors and your elders who will teach you wisdom. No profession so freely offers the secrets of the trade—if I may use the term—as ours does to the young physician. Be attentive at all of the meetings, no matter how tiresome they may seem to your young head just full of science. You will never attend a meeting without learning something. In almost every county in this country there is a county medical society or association. They are the constituent bodies of the State association. You should make an early application for membership, as it gives you a standing before the people, the law, and the profession. There is always a presumption that a man not belonging to the county society is not eligible for membership.

ADVANTAGES.

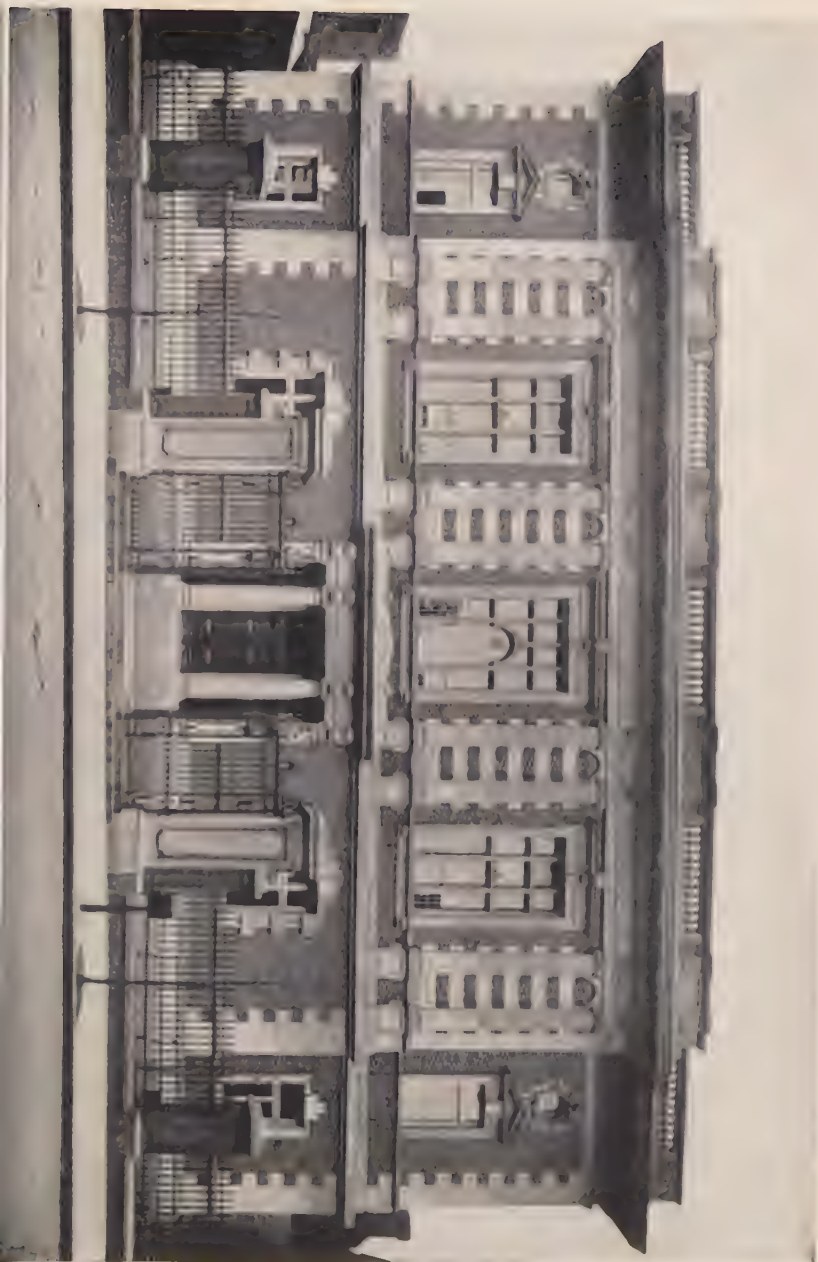
You will in many instances hear the leading specialists hold forth. Go to the meetings, not only to learn but to break idols. The men whose names you have idolized as a result of readings, you will often

find do not know more in some things than yourself. It serves to give you confidence in yourself, which is just the thing you begin to feel the lack of.

Even if as student you have mastered the medical knowledge of the day, which is unlikely, you are entering a profession that is moving forward, and if you want to get in the vanguard, you must associate or worship at the feet of those in the front ranks, and be inspired by their enthusiasm and assistance. These meetings will make you broad-minded and liberal toward the views of others. It will make you recognize your own shortcomings and the abilities of others. Here are fostered study and investigation in the mind of the young physician, because the greatest stimulus to study and investigation comes from association with students and investigators.

The medical society is truly a post-graduate school, furnished practically free of cost at your own convenience; because here the members continue the education which was begun at college. The amount of work done will depend on the energy of yourself and your fellow-physicians, but the more work you do, the more you will get out of it, no matter what the others may shirk.

Another reason why you should join the society lies in the fact that it makes for the good of the profession as a whole, and it is your duty, as well as your profit, to belong to it. When some measure affecting the medical profession is before the legislature, one constantly hears the remark, "the doc-



tors don't amount to anything politically; if you get together, we will give you anything you want," and like phrases. If we were thoroughly organized, no legislature would dare turn out on the public men who study three months of medicine, anatomy, or optics and grant them almost the same privileges that are granted you after four years of the hardest kind of study. Individually, there is no profession whose members wield so much influence, yet collectively, none can do less. If for no other reason than protection of yourself and your future practice against future pathies, you should join the county society. The society is the best preventive of jealousy and piracy. A man will not say harsh things concerning one whom he expects to meet at a meeting or dinner in the near future; he will not do it, because of the disagreeable effect that it will have on himself. In any event, he will be more careful of his language than he otherwise might be, and he is more apt to give his brother-physician the benefit of the doubt. If there has been any just cause for complaint, a few minutes' conversation at the table will bring it to the surface, and mutual explanations often bring about lasting friendship.

MEDICAL PAPERS, ETC.

After a longer or shorter period, the secretary of your society will ask you to read a paper. This invitation you should accept, and devote all your spare time to the presentation. In writing such a paper, review the latest monographs and systems

pertaining to the subject. Consult the indices of the principal medical journals for the past four or five years, and if you have the opportunity look up the Index Medicus and the Index Catalogue of the Surgeon-General's Library. Then talk the matter over with you confrères privately, and get their opinions. With all this material at hand, and your own experience, you are in the possession of material for an interesting paper. This paper may not set the world on fire by reason of its originality, but it makes at least one more subject that you know better than you did beforehand. Short, sharp, crispy papers take better than the long pedantic ones. It is difficult for the neophyte to avoid showing all that he knows, or all of the material that he conned from the text-books. You should notify two or three prominent men beforehand of the general scope of your paper, with the request that they be present to discuss the paper. If this is not done, a very worthy paper may fall flat, because the average physician may not be acquainted with the subject.

In most medical societies the length of the principal paper should not exceed twenty minutes. There are very few great scientific addresses that cannot be delivered in that time. History, from the Flood to the present time, often takes up the bulk of the paper. This is unfortunate, as it is seldom entertaining, and rarely profitable. If in the discussion of your paper one or more of the members disagree with you and seem to criticise your diagnosis or treatment, don't feel offended. The one who

takes the trouble to point out your error is probably your true friend, rather than he who praises you, at any rate. If all minds were agreed, there would be no use discussing the matter; so don't feel offended, even though you are quite sure that he is wrong. In discussing papers, many men show that they did not closely follow the statements of the reader. It is customary for the reader of the paper to close the discussion. Make notes during the discussion of any paper, and always be well-equipped to answer questions by careful collateral reading of the subject beforehand. After reading a paper, if it be of any value—most papers have some value—you should offer it for publication. In doing so, mail it to the editor of a medical journal that you think worthy; don't send it to a journal subsidized by the proprietary and patent medicine people. Most of the medical journals furnish 250 reprints of the article free to the author. If they do not, it is usually advisable to purchase that number of reprints for distribution among medical friends.

In discussing a paper, avoid such hackneyed phrases as "We all listened with pleasure, etc."

On the other hand, in presenting a paper or discussing anything before the society, do not open up with excuses of any kind; that is always something of an insult to the intelligence of your audience. It is a fault, common to beginners, because of their modesty. By doing this, you discredit yourself—before you start. State the facts and let them speak for themselves. Make one or two points in the

discussion and don't talk more than five minutes. There are very few men in the profession who can keep the attention of a society during a discussion for more than ten minutes unless they are masters in the special field under consideration. Unfortunately, many men do try to talk the subject to death, by reporting cases in the course of their discussion. This is generally bad form, and surgeons are the worst offenders in this matter. This is often put down as an attempt to blow one's own horn. Don't hurt the feelings of any member by unkind criticism. If you think the paper is commonplace, don't discuss it, but learn to talk on your feet at every opportunity.

ON PRESENTATION OF PATIENTS.

Whenever in your dispensary practice you discover an interesting case, study it completely; make all the necessary blood and urine examinations, and after you have it thoroughly worked up, present it at the local society meeting. If you do your work in a thorough manner, with attention to detail, and show that you know the subject well, you will impress the members far more than if you presented a ponderous paper that consists of a compilation of other men's work. It will help you mentally, and at the same time your confrères will respect you, and your opinion will receive a consideration that your youth would not entitle you to. Furthermore, they will not be afraid to hand a case over to you, fearing that you might not be able to manage it suc-

cessfully. You should use your dispensary and charity cases for this purpose, and this should be a sort of compensation for their free treatment.

Sometimes you will have a case and not be able to diagnose or treat it successfully. You can present such a case at the society and get the opinion of the best men, which the patient could not possibly have had under any other circumstances. It is not generally a wise policy to bring your private patients, unless it be a most unusual case, and then explain to the patient that it is for his especial benefit. It is customary to give dispensary and charity patients their car fare back and forth from the meeting. In no case should the case be discussed in the presence of the patient, as he might misinterpret the questions asked and suggestions made, and infer that you were not doing the most possible for him. If you cannot present a patient, the next best thing is to report an interesting case as to symptoms and pathological observation. The presentation of pathological specimens is in the same line.

You will be fortunate if you do not meet in your early practice that most subtle poisoner, the medical cynic; he is almost always an unsuccessful man as well. In his acid manner he will smilingly tell you that all of this hot air—when discussing medical papers—does not amount to anything; that medical societies are hot-air machines; that there is nothing new in medicine; that it is all a fake, etc. This prophet does not really believe these things, as next moment he belies his statement by evincing the

blindest faith in the opposite views, but his cynical statements always depress the beginner. Discount all such talk; it is never uttered by the successful men that you will meet at societies. Here you must learn to talk medicine, and do it at every opportunity. Enthusiasm is the only thing that makes for progress. The only way to cultivate it in medicine is to talk about medicine and listen to medical talk; the medical society is the best fertilizer for both.

You will occasionally hear the remark made that all of this reading papers, etc., at medical societies is mere advertisement. Well, suppose it is. It is the only ethical advertisement that a medical man, particularly if he be a specialist, can secure. The first question that one asks himself when listening to a paper, is the reader honest? Try his suggestions, and if they be found wanting or grossly exaggerated, you may possibly forgive his enthusiasm. If this occurs a second time, it kills the reputation of the man as a sound guide forever afterward in your mind. So that reading a paper is a two-edged weapon, and it is the only means that a large clientele of physicians can have of estimating the abilities of one who passes as an authority on any particular subject. The man who writes too much is invariably set down as mediocre. If the reader of the paper clearly demonstrates that he has superior skill and genius, then we all want to find him just as much as we would want to find a new remedy or a new instrument that would aid us in our work. If he is commonplace, according to our standard as

reflected in his writings, then we so rate him. One commonly calls a consultant, other things being equal or nearly so, from among a coterie or society, with the members of which he is well acquainted. If we know such men as brothers, that they are honest, that we can freely discuss everything with them, there is no hesitancy in meeting them. Favors may be asked that one could scarcely ask from a stranger. The only way that such an acquaintance can be made, outside of a medical college, is in the medical society.

If one is in need of assistance in any place, he will call for aid from among the men with whom he associates in the medical societies, and many a young man has picked up a good fee just through such a chance. Likewise, one sends patients, moving to far-off neighborhoods, to physicians whom he has met at medical meetings. Medicine is in reality the most monastic of all professions. The doctor cannot fraternize with merchants, lawyers or the clergy; his language is different, his ideals are different, he sees things through entirely different glasses. It is only in the medical society that he can find those who understand his point of view, who can console, encourage and advise. He can sit down at a repast after the meeting and discuss his difficult case with the best specialist in that particular line. Possibly it is himself who is ill. How can he know whom to select as his medical adviser in that particular instance unless he knows the best men in that line of work? When a physician wants to know

whether a physician in another locality is likely to be competent or not, the first thing he usually does is to look him up in the medical directory. If he finds that the man belongs to a number of prominent medical societies, he judges that it is more than likely that he is in good standing in the profession.

When you are asked by patients, "Do you know Doctor So-and-So?" who had been their old family physician when they lived in another part of the city or county, always answer "Yes." You can assure them that he is a friend of yours; this you can do truthfully by saying that you met him at some society meeting. When it comes to the doctor's ear that you know him and like him, personal vanity will make him all the more ready to return the compliment and perhaps turn cases of his own in your neighborhood over to you. It is surprising to see how much the mere knowledge that you know a physician, in whom a patient has had confidence, will suffice to increase that same patient's confidence in yourself. In any case, not to be known by other doctors is a bad thing for both the doctor spoken to and the one spoken of.

Join one of the smaller medical societies that meet from house to house. In these small societies the little things that occur in the profession will be discussed in a manner that is impossible in a large gathering; aside from this, the personal contact with successful men and specialists will give you a freedom in asking their advice that you could not otherwise have. This is one of the results of the so-

cial part of these house-to-house meetings. The good fellowship, entertaining stories and anecdotes will make you look forward with pleasure to each one of these meetings. It is in societies of this kind that you will be posted concerning hospital positions; good cases will be referred to you and your services as anæsthetist, microscopist, etc., will be demanded. In less than two years your dues in societies will be as 1 to 10 compared with the work they will bring you. You cannot lose anything by going to them, as you can always be reached on the 'phone if there are any calls.

Here you will be more apt to find out the real fee table in existence in the locality, and you may find out who are dead beats, undesirable patients, etc.; also, how accounts are collected, and the hundred and one details of practice.

When a subject is announced for these meetings, read it up in your text-books, and then go and see what is new. If you are an attentive member, it will soon be noticed, and before many years have passed you will find yourself an officer in the organization. The offices always go to those who are attentive at the meetings. It is not advisable to air your views in any of the societies for a year or so, after which time take part in any discussion to which you can add anything new or unsaid.

Without these societies there is no way of bringing local practitioners together. The very nature of their occupation makes them work alone, and they seldom, or never, meet unless it be in some public

place, as a cigar store, public gathering, etc. This working alone tends to make a man morbid. He feels, perhaps, that he is doing better work than others, that other men would have had just as bad results as he himself, and perhaps worse. This consoles him in adversity, but meanwhile he does not advance. Nearly all of the really beautiful friendships and self-sacrificing acts that one oftentimes finds among medical men have their inception in meetings of medical societies.

It is only by attending the meetings of the medical society that you can keep abreast of the times. You cannot find the transactions as they actually occur in any medical journal. Listening to a well-delivered paper and reading the same is as different as eating a fresh peach and a preserved one. The discussions start more trains of thought than any amount of dry reading. The meeting together in medical societies makes the physicians broad-minded and liberal toward the views of others. It stimulates study and investigation. If you are a country practitioner you are working alone; you cannot go as the farmer does in the evening to the country store and discuss the events occurring in your life, your cases, etc. On the other hand, if you do not get out and meet your own caste you will fall into the rut that has extinguished the ambitions of so many of the older practitioners.

This coming in contact with your neighboring physicians has many other advantages. Until the community of interests idea produced systematic or-

ganization, the rivalry between local bankers was proverbial; now they are hand in glove with one another. Lawyers, because they are meeting one another daily, have always had the reputation of living in peace and plenty. They come to know one another, to know their faults and faculties, and thus have respect for one another. After a hard-fought suit the opposing lawyers do not look daggers at one another as physicians have often done; on the other hand, they will most likely adjourn to the nearest café and discuss the victim over full glasses.

MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.

As you are already a member of the State Association, your next move will be to join the National body—the great A. M. A. with its 40,000 members. The cost of this is \$5 per annum, for which, in addition to membership, you receive the best weekly medical journal in the world. To join this body it is necessary for you to be already a member of your local county society.

The meetings of this body are held in different sections of the country each year, usually in the first week in June, and are open to all. Here are gathered many of the leading lights and general practitioners from all over the country. The scientific work is divided into eight sections. In these eight different halls there will be discussed the progress of the past year in the different specialties, as well as in medicine and surgery. At night recreation is furnished to all. The money spent in attending one

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of these meetings will be well repaid before the year is over.

In New York State the State Medical Society undertakes to defend its members in case of suits for malpractice, provided that the member is not grossly culpable. After six years there has not been a verdict obtained in any case where the society defended the suit. In addition most State societies furnish you with a fair monthly medical journal and in addition a medical directory is distributed in this and adjoining States. Membership in State and county societies in New York with all of these privileges is only \$6 a year.

REFERENCE BOOKS.

"Methods and Benefits of Medical Organization," J. N. McCormack.

"The Organization of the Medical Profession," George H. Simmons.

CHAPTER X.

THE OFFICE CALL.

WHEN a patient is ushered into the office, receive him or her cordially. A hearty hand-grip, with a welcome, especially if you can call the patient by name, whether you have been previously introduced or not, puts the patient at ease and impresses him with the feeling that you are personally interested in him. After closing the door, point to a seat. Then ask his name and address; write these data down at once. If he is consulting you for the first time, it is well to allow him to tell his story in his own way. Sometimes there is a hiatus between his entrance and the commencement of his story, which may be slightly embarrassing, but a few remarks about the weather, etc., will bridge it over. After he has recited his story take a methodical history of the patient; and you should have a systematic way of doing this, even though you abridge it later, when you are busy. This history-taking impresses the patient that you take a deep interest in his case.

HISTORY-TAKING.

If you are to be systematic in your habits, I can strongly recommend the use of the card index in your history work. You should begin to take histories of all the cases that you see now in your clinics and keep them, comparing them with the text-

book's description of the disease. You should make and keep accurate notes of every case you see in a dispensary or hospital practice. This is one of the best forms of study and will be of incalculable benefit, because of the careful habit it engenders. Everything in your future practice depends on the habits you form at the beginning, and of all habits, next to collecting your accounts, the habit of accurate history-taking and recording is the most important.

Note every symptom, every effect of the medicine, everything that the patient complains of, even though you in your superior wisdom deem it only a nervous symptom. You will be surprised in later years what a fund of valuable information you will have gathered, and when you come to do any literary work or to speak on any subject you will be fortified by a wealth of material that will startle your colleagues. Any stiff blank cards will do as the basis of your card index; some men have the accounts on one side and the history on the back. The recording of one's cases is the only means of conveying to future generations the results of your observations. Remember that your observations will be different from those of any one gone before, because every case is somewhat different from another, and in any case they are of real value.

For the time being forget everything else and focus your thoughts on the patient. By that very act, whether it be psychotherapy or not, you will have done much to help the patient by arousing in him the will to help himself. While giving your in-

structions to the patient, endeavor to look the patient in the eye. Tom Lawson says: "When a man is trying to sell you something, never let him look you in the eye; when you want to sell a man anything, fix his eye with your own and the sale is half made." By doing this you will more fully impress the importance of your directions than by a far-away gaze. In your history-taking, much tact must often be employed, if you wish to get at the truth.

In asking disagreeable questions, it is well not to embarrass your patients by staring at them; otherwise, they are apt to lie, not intentionally, but because of confusion. Don't ask a nervous woman, "What did your father and mother die of?" Rather say, "What disease did your parents suffer from?" etc. After taking an accurate history, it is good practice to write it down at the time, as it impresses the patient that you are interested in him. You are now ready for the examination. As a preliminary to any physical examination, take the temperature, pulse and respiration of every patient. It will often put you on the right track as to the cause of the trouble. At the same time it gives you time to collect your thoughts for the next questions.

THE EXAMINATION OF THE PATIENT.

Examine every patient that comes into the office. If there is the slightest possible excuse to do so, tell him to take off his garments and listen to the bare chest. It is for your own experience as well as for his benefit.

You cannot listen too often to the bare normal chest. Some few will demur at the trouble of undressing, but they will be infinitely more satisfied afterwards, and when you get a reputation for thoroughness many normal patients will come to you, simply to be examined. With young girls you must not insist too much on this naked examination, especially if there is no serious chest trouble apprehended. Do not make vaginal examinations on young girls unless they have been under your treatment for some time, and then only in the presence of their mother or guardian. Such examinations are very rarely necessary, are never pleasant and are seldom followed by any satisfactory results. A rectal examination will generally suffice. The abdomen should be inspected in all cases of stomach complaints. Never put your cold hand on the abdomen. If your hand is not very warm, place a sheet between it and the skin. In examining the abdomen of a woman, throw a sheet over the patient and draw the clothes up under it, so as not to expose the limbs and genitals. Examine the heart while the patient is erect and also while lying on the back. A macular eruption frequently appears on the bare chest of young nervous women during the examination. It is called the "doctor's rash." It has no significance. In making a vaginal examination, always have your patient get on the chair or table with the legs flexed and feet on the stirrups. Throw a sheet over the patient's legs before raising the clothing and then tuck it around the legs and



Aspic Surgical Technique (Robb).

Examination of patient under sheet.

buttocks. Many patients desire to have their faces covered during the examination. They can pull the sheet up for this purpose. It is well to keep the patient's attention diverted while you are inserting the well-oiled finger, by asking her whether she is constipated, sleeps well, etc., at the same time assuring her positively that you will not hurt her in the least degree.

When measuring the length of the limb of a female or in case of an operation on a woman, cover the vagina with a folded towel. This may seem of little importance, but it gives you the reputation of not unnecessarily exposing the genitals. This means much to many women.

When examining the chests of unmarried women or girls preserve a serious mien. In all such cases manage to keep the nipple covered and expose as little of the breast as possible. Many of these patients are almost as timid of exposure of the breasts as they are of the genitalia.

Always look in the throat of every child, no matter what the complaint may be, and do this at every examination. In examining the throat of children, the use of a teaspoon is less terrifying than a tongue depressor and is equally serviceable. In most cases the ears of children should be inspected. Examine and treat locally if possible all parts wherever the patient complains. Never laugh at the suggestion of the mother that it is the teeth, etc.; take every suggestion seriously and see if there is any foundation for it.

After sixty years of practice the Nestor of American Medicine says that nearly all of his mistakes have been due not to lack of knowledge but to lack of thorough examination, and all of us can confirm such a statement. In the office devote all of your time to the patient under observation. Don't pick up letters, books, etc., and look at them while talking to the patient or while taking the temperature. Don't talk to his friends, if they are with him, on other subjects. Look at him and give him all of your time and attention. The only drawback to this thorough examination is the element of time. In your early practice this will seldom bother you, and if you have not the time let the patient dress and undress in another room while you are examining another patient. A stethoscope always impresses a patient more than the naked ear, and it is generally more satisfactory. Older men discard it sometimes on account of the trouble involved in its use. When you are so busy and independent, you may do so. It is especially of value in examining the chests of children and young girls. The thoroughness of his examination is the reason that the city physician is so much more highly respected than many of his country brothers, who may instinctively know that all of this examination is not absolutely necessary in every instance; but intelligent patients do not have much confidence in inspective diagnosis. More than that, thorough examination begets careful habits.

If you are in a great hurry, don't let the patient

see that you are pressed for time; take his pulse and listen to his chest while you have the thermometer in his mouth. After finishing your examination, do not sit down, so as to invite a lengthy conversation. If for any reason a satisfactory examination cannot be made in child, virgin, etc., do not become disgusted, telling the people that it is impossible to examine such a one, etc. If you do, they will very likely go to one who will.

Do the best you can and state the results and mention that you will have to observe the case again before giving a positive opinion. The next time you will probably be more successful.

In such troublesome cases it is advisable to have other children taken out of the room while you are attempting the examination, as these children will otherwise remember you ever afterwards as an ogre. Manage most city children over 5 years of age as though they were adults; talk directly to them. In that way you may gain their confidence, which in this country means that of the entire household. The same thing applies to treatment. Never administer nauseous mixtures to a child. A placebo would be better, as these children seldom will take an unpleasant mixture. The success of the homœopath with children rests largely on the recognition of this principle. Always keep in mind the natural tendency to recovery, especially in children. After examining the patient tell him to put on his clothing and to sit down. In the meantime you can write out your directions as to diet, medicine, etc.

When completed, make your diagnosis to the patient as far as you can, avoiding prognosis unless you are pretty certain of it. Then detail the diet, doing this in writing. It is seldom that more than two prescriptions should be ordered. If you cannot make a certain diagnosis, say that an examination of urine or blood is necessary to complete the diagnosis, and tell him to send the urine with his name and address the following day; he can call at a later period. In this way you will have a chance to see him twice and to receive some compensation for the trouble you have taken. As soon as you have finished talking, give him his prescription and rise to signify that the consultation is completed. In almost all medical cases it is good practice to tell the patient to consult you again. If he is entirely well, the chances are that he will not call. If he is otherwise, and he does not call, you cannot be blamed, since he did not follow your advice. Should he come back and be entirely well, look him over and give him a tonic or some general directions, so that he does not feel that his visit has been useless. Do not tell such a patient to drop in, or "let me know how you are," but tell him to consult you or call again. It is the custom of many physicians to escort the departing patient to the door and bow him out.

During a consultation at the home or office you will often be asked to give something for "Maggie's cold" or "Willie's headache." The parents do not expect to pay you anything for these minor com-

plaints. If the patient is not there, give the prescription, but if he be in the room never neglect to examine him as thoroughly as possible, even though you cannot collect a cent for it. You can at least save your reputation or mayhap make one for carefulness. It is more than likely that you will find something more serious than that complained of by the guardian, and they will be thankful and you will be compensated by the extra visits. Many people like to minimize the illness of those under their care when consulting you, because they do not wish to exaggerate it. Hasty prescribing to gratify this whim is responsible for many grievous errors and you will be blamed as much as though you had been specially consulted for this supposedly minor complaint.

CHAPTER XI.

FIRST VISIT.

Now let us suppose that you have received a call to go to see a patient. Go immediately, if you can. Never delay with the idea of impressing patients that you are busy. Sick people appreciate promptness above all things. Take your emergency bag with you. In this you should have, at the very least, the following-named articles: A small bottle of aromatic spirits of ammonia, another of Hoffmann's anodyne, a pocket surgical case, sterilized bandages, chloroform, dusting powder, a bottle of antiseptic tablets, a little absorbent cotton, and a small catheter. You can put in as much more as you see fit, but these things you should have, at any rate. Your hypodermic case can always be carried in your vest pocket, and your stethoscope in the coat pocket. In your obstetric satchel you will need the following essentials:

1 pair obstetric forceps,
needles and needle holder,
sutures,
antiseptic tablets,
douche bag,
2 ozs. chloroform,
2 ozs. ergot,
1 or 2 gauze sterilized bandages.

A small baby scale is of advantage. You may carry as many other things, such as gloves, sterilized gauze, etc., as you deem necessary, but the above-named articles are essentials.

The proper entrance into a sick room is a fine art. Some men have achieved a great part of their reputation by this act alone. Probably in the past it counted for more than it does at present; yet the ability to come into the patient's room and make every one feel at ease, to put them in good humor as a preliminary to inspiring confidence, is a factor by no means to be despised. It is an art that some can never attain. At least, try not to be brusque on your first visit. Always take off your overcoat, hat and gloves, and take a chair; sitting on the edge of the bed at the first visit does not appear seemly.

If the call be an ordinary one, after the usual greeting and hand-shaking, you will say something like this "Well, are you the sick patient?" etc. Then the patient will begin to tell his story. After a complete history, you will proceed with the examination. Be sure that the windows are closed. If any exposure is necessary, see that there are no curtains wide open, allowing the neighbors to look in. Then always take the temperature, pulse, respiration. This will give you time to think of the possibilities. Inspect the tongue and inquire after the bowels, after you have completed the examination. Don't neglect to wash your thermometer in the presence of the patient, both before and after you take the temperature. One often takes the temperature

before proceeding with the rest of the examination.

When called to see a child do not forget that your coming has probably been used as a threat, not as a promise, and naturally the child is in dread of you. Refuse to be the "bogey man" for your neighborhood.

Before entering the room in which the sick child is lying, ascertain his name—his pet name, if he has one—whether he is shy or not, also gather all information you can about the trouble from his mother. Then see the patient; if asleep, examine all you can before you wake him, and when that is done let it be done by the mother so he will not be frightened. Call him by his pet name and hold his hand, if possible. If necessary to take the temperature, use the axilla if the child objects to a rectal. Do not be gruff. In examining the throat, get the child in such a position that you can see immediately he opens his mouth. If you have to push or pull him around with a spoon in his mouth, he naturally will object.

After you have finished the examination, go out and wash your hands. While doing this, you will have an opportunity to make up your mind what you will say to the patient and friends and how much you will charge them. Then come back and sit down and explain what the trouble is and the outlook as far as possible. Make it generally favorable to the patient. If you have any gloomy prognostications, make them to the friends, far away from the sick room, as sick people have notoriously long ears.

Now do not think for a moment that always or even in a large majority of cases will it be easy for you to make a diagnosis the first time you see a patient. A well-known clinician, writing recently, states, after long observation in one of the best hospitals in the world, that 60 per cent. of correct diagnoses is the best that can be expected, even under the most favorable circumstances. The class of diseases that you have learned from your text-books are only type cases; all cases differ somewhat from them—some more, others less. Don't think that all of your pneumonias, for instance, will start with chill, or that your appendicitis cases will commence with pain in the right iliac region. So don't be discouraged if you cannot make an exact diagnosis at once—at least you can treat symptomatically. But what are you going to say to the patient?

Unfortunately people will expect a young man to make a diagnosis, while the older physician will get away without making one. Whether it is due to the mental condition of the beginner that makes him feel called on to make a diagnosis or not is a question. It is better to make a double diagnosis when in doubt, and at a later period drop one of the diseases, if necessary. Your early patients will demand a diagnosis absolutely and will not have confidence in you if you say frankly that you do not know what ails them. Sometimes you can say it will be necessary to examine the urine before stating positively whether there is anything else the matter. This appeals to most people. You must resort to

these measures, because it is absolutely impossible in many cases for anyone to make a diagnosis at the first visit. For instance, if in doubt as to whether the patient has pleurisy or pneumonia, you can say that he has both diseases, as this is literally true in many cases. When you have decided which is the predominant disease present you can emphasize it. If in doubt between typhoid fever and pneumonia, many practitioners will diagnose typhoid pneumonia, dropping one or the other as the diagnosis clears up. Likewise, typhoid malaria is a convenient refuge. Of course, these terms have no such meaning to you or to your colleagues. If you have the ability to paint a picture of the disease in terms understandable to the patient, you will have a great advantage in gaining confidence. This art you should cultivate. If, for instance, you are called to a case where you are in doubt as to whether the patient has pleurisy or pneumonia, you may explain that a pleurisy is like an inflammation or sore on the skin of the hand, that every time it is moved, as in breathing, it hurts. That sometimes it goes deeper and involves the lung, as the inflammation on the hand may go deeper. When it does, this is called pneumonia. This figure is not pathologically correct; but you cannot teach correct pathology in a few minutes. You must fit it to the intelligence of your patient. The figure of the sore finger healing quickly when at rest and scarcely ever when moving about, will be the means of keeping many a sick man from getting out of bed and going about. When

he is suffering from a disease with fever, many other figures will suggest themselves. The uric acid crystals circulating in the blood impinging on nerves is one of the effective standbys of the irregulars. Constitutional eczemas, gout, etc., can be described as similar to putting bad coal in a furnace; as a consequence, there are plenty of cinders and poor combustion. The eczema is nature's effort to throw off the cinders. You should have many such figures of speech on the tip of your tongue.

It is impossible for you to convey an idea of the exact pathological conditions to anyone who has not had a thorough understanding of medicine, so you must resort to these figures, always taking care to point out that it is somewhat different, but that you will give them an idea of the disease. As you grow older and have a very intelligent class of patients, you may talk to them in a more exact manner. Most of the language of the average consultant in a tenement house shoots over the patient's head. The hearers catch a word here and there, as neuritis or some other "itis" which, unless one be cautious, they will make out to be the only "itis" with which they themselves are familiar. Likewise, do not use pathological terms, as degenerations, etc., or you will be misunderstood. As far as possible use Anglo-Saxon words and bring the disease name and picture as near as possible to the level of your clientele. A cold is an inflammation; a neuritis is seldom understood by a tenement dweller. Bright's disease is more intelligible than nephritis. A murmur, endo-

carditis, or cardiac dilatation mean little to him, but enlargement of the heart, an ulcerated condition of the valves of the heart or disease of the valves of the heart—explaining the pump action at the same time—will be appreciated by most people. Always take care to mention the scientific term at the same time. Do this because if at a later time some one else is called to see the case his Latin designation of it will not take them by surprise.

After this, outline the hygiene and specify the diet, as much as you do your medicines—remember that most men will probably prescribe the same medicine in most diseases, but that it is these supposed minor details as diet, hygiene, etc., that make the one man successful and the other a failure in a given case—and then give your prescriptions. Many times it is better that you write all of these directions out then and there. After you have finished, take up your hat and stand as though you were expecting something else to happen. The people will generally ask you the amount of your fee. If they do not say anything about the fee, and if they are strangers, say on leaving: “Well, you can pay me to-morrow when I call.” Then they will be forced to bring up the subject the next day. If they do not they are probably rogues. Those who promise to pay Saturday night are apt to be dead beats.

WHEN TO REPEAT CALLS.

Beginners are apt to make too few visits, under the impression that the patients or their relatives

might ascribe the frequency of visits to self-interest. In the case of a sutured wound it is good practice to see the case on the third day, in order that you may be sure of your asepsis. Then again on the sixth or seventh day, when the sutures may be removed. Septic wounds that are active should be seen at least every other day. If they are inflamed and painful, they should be seen every day.

Cases of grip, etc., without temperature, should come to the office every other day unless you spray their noses and treat them. In such cases daily visits should be made; one to three calls is the average generally in such cases. Coughs, bronchitis with no temperature should come every alternate day. In acute diseases of children, see the patient daily until the temperature is normal. Except in chronic diseases, such as tuberculosis, etc., whenever a patient has a temperature of over 100° F. he should be in bed and should be seen daily. If he has a temperature of 102½° or over in the morning, see him again in the evening of the same day. If the temperature has been gradually diminishing for a few days and comes down to normal, omit one day in making a call, explaining to the people that you do so to save them the added expense. See tonsillitis cases daily until marked improvement takes place. In any case, if the patient has severe pains that are not relieved, visit him again the same day. In inflammatory conditions of any kind, when pus is slowly forming, every alternate day is sufficient. In pneumonia, appendicitis or any very serious illness,

call three or four times a day, explaining to the people, if they are poor or penurious, that you do not intend to charge for all of these visits, but that you come to make sure that everything is progressing safely. In every case leave distinct orders that you are to be sent for in the event of the patient getting worse. Most people would rather have you come yourself without being sent for. If there is any doubt in your mind as to the advisability of your calling, say that you would come more frequently, only you do not want to run up a big bill on them. If this does not bring a fitting response you can take it for granted that they are willing to take the responsibility. In doubtful cases let them bear the responsibility by telling them to send unless the patient is better. Gynecic cases come to your office once or twice a week, as the case may be. Likewise, catarrhal conditions of nose and throat should be treated two or three times a week. Eye cases, if severe, should be seen daily. Gonorrhœal cases should come twice a week unless you irrigate them, when daily visits are necessary. Chancroids, etc., daily.

Patients with syphilis in its early stages should come every three or four days, at least. Later on, once a week. Where injections are given, once a week at least for six months. Pass sounds once a week, in the cases that need them.

Chronic Cases.—Cancer cases, unless they are causing marked symptoms, once every week is often enough to visit them.

Pulmonary Tuberculosis.—Among the poor seldom is it necessary to go more than once a week, unless the disease is very active. Stomach cases should report to you once a week.

Always explain to patients suffering from chronic disease that a disease which has been a long time in making its appearance will take a long time in disappearing, and that many changes of treatment are necessary before recovery.

DISCHARGING A PATIENT.

Most of your male patients will importune you to let them go out as soon as they feel better. Be very cautious in this respect. If the patient has had any disease that may possibly cause cardiac degeneration—as rheumatism, diphtheria, pneumonia—keep him in bed for at least a week after the fever and symptoms have subsided. Surgical cases, with the exception of fractures, do not require such close confinement. After recovery, do not be in a hurry to allow a patient to go out or to go to work. It is even wiser to allow him to do without consulting you; at any rate, err on the side of caution. How often do we hear the story that Mr. So-and-So contracted pneumonia or what not because the doctor let him go out too soon after his illness, and frequently there is more truth than poetry in the charge. If he goes out on his own accord, or without your advice, you will not be blamed for it.

When you are through visiting an acute case and the patient is well on to recovery, it is generally

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good practice to tell him to visit you at your office within a certain number of days; this will sometimes prevent your patient from getting a relapse, a new disease or possibly something overlooked by yourself and perhaps found by your neighbor when called in on emergency.

MANAGEMENT OF THE INCURABLES.

Continue visiting your incurable patients. They are willing to pay you for your smile and encouragement and you can do much for them by relieving them of many of their minor complaints. Usually call the same day each week or every second week, as the patient may be able to afford. Remember, your visit is an event in their lives. Do not repeat to the friends every time you come the fact that you cannot possibly cure the patient. Be always cheerful and hopeful with the patient.

MANAGEMENT OF THE DYING PATIENT.

One of your most trying experiences will be the management of the dying patient and his friends. You may safely pronounce that the end is near, when in an adult the pulse has continuously mounted to 160 or 170 beats per minute, together with the signs of pulmonary œdema. You can then say to the friends that there is almost no hope, but that while there is the slightest glimmer of life we must do everything that we can for the patient's comfort. Never order any of the friends out of the room. Call several times during the day while the patient

is dying, each time suggesting some little manœuvre for his comfort. Look after the welfare of the friends, by giving aromatic spirits of ammonia, valerian or bromides, as the nervous symptoms may require. Be solicitous for the welfare of each of the female attendants, but do not be insistent in ordering them to bed or out of the room, etc. Assure the friends that the patient is absolutely unconscious and that he does not suffer the slightest pain. Allow as many of them in the room as may wish to come in. To you a dead person may not mean more than a piece of wood, stone or any other inanimate thing, but to the relatives, particularly the female portion, the body is still a dear treasure, and any kindness that you may show it will be appreciated as though life was still present. For this reason autopsies are horrible to many people. While they are our only means of acquiring much advance in diagnosis, nevertheless you must not seek to do them in your early private practice. This applies with especial force among the Hebrew and Irish races. Do not remain in the room when the final issue is imminent. When the patient has passed away, and after the first pangs of grief have subsided, close the eyelids and take a handkerchief or cloth and tie up the fallen jaw.

Do not suggest the name of an undertaker, as this will almost certainly do you harm. There are many who half in joke and half in earnest will connect your names.

Many physicians call in and view the body when

it is laid out in the casket, ostensibly to console the friends and to show their interest in the one who has departed. It often serves to disarm unjust criticism.

WHEN A PATIENT IS ALREADY DEAD.

When called in on such a case use the same tactful means as above, closing the eyes tight. Inquire into the details of death, etc. If you have not treated the patient recently, unless he be a chronic under your care, explain to the people that the law compels you to notify the coronor's office at once. In some States the district attorney's office takes up the duties of the coroner. Tell them that there will be no autopsy or other trouble in the case. Leave a note for the coroner, explaining the situation.

Sometimes you will be able to collect for such visits, and it is better to do so at once; unless you are the family physician, you will not be likely to get your fee at a later date.

SENDING PATIENTS TO HOSPITALS.

Do not be in a hurry to send patients to the hospital. This is a failing with many young doctors, who in their rugged honesty are anxious to save the patient expense or get away from the responsibility of difficult or chronic cases. These are the very cases that you should strive to study, and they are the ones that will bring you your reputation. Don't suggest hospital unless some grave operation is indicated which the patient cannot afford to have

done at home. The laity do not view hospitals in the favorable light that you do. To them the sympathy of friends, the hundred and one comforts of home, more than counterbalance the sight of trained nurses and frequent examinations. Few people are anxious to go to hospitals, and it is your business to treat them at home. If you cannot do so, then you are a failure in so far as that particular case is concerned.

No patient is too poor to treat. Do not send the poor patient or any other to a dispensary in order that they may save the expense. Get the experience yourself. No patient who goes to hospital or dispensary ever afterward has the same regard or respect for you as before, because there the personal worship or idolatry is lost since they realize that there are other men who are just as clever as you are, or mayhap other patients that they meet there will convince them of the superiority of some one else. Whatever the reason may be, the patient seldom has quite the same confidence in you. Once a patient gets free treatment, he is like the rest of us who, when we once get free tickets for a theatre, or railroad journey, never afterward feel like paying for similar services.

If you can do absolutely nothing for the patient, send him to one of your young friends, who are struggling to get experience in that particular specialty. He will be glad to treat him for the experience or for a very small fee. The patient will appreciate it as a favor.

In all acute diseases of a minor character the tendency is always toward recovery, and you can do as much as any specialist. The tendency of sending every case to the specialist is the cause of the present cry of many general practitioners that they cannot make a good living. If you can honestly do so, treat the case. Do not say, "I do not understand this specialty," but treat the patient and have him come back. In the meantime read it up as you should do with all of your cases. You will find that nine times out of ten you can do as well as the specialist. It is only in very difficult cases, and these are generally of a chronic nature, that you must yield the patient to him.

CHAPTER XII.

NURSES.

GET the names and addresses of all the ordinary practical nurses that you meet in the course of your practice; write their names in the rear part of your visiting list; make a note of the nationality, age and general characteristics. Do this, because it will be of much value to you in selecting a suitable nurse. The selection of a suitable nurse oftentimes requires as much discretion as the selection of a suitable medicine; to send an irritable, although, possibly, clever, nurse to a nervous patient may invite disaster. Likewise, to place one that requires much service and attention in a poor family will cause much adverse comment, and an attractive girl may cause much jealousy in some families. Therefore, make a note of the qualifications.

Don't joke with nurses—be professional in every way; the laity, particularly the feminine portion, are very suspicious of such levity, and are apt to judge you both wrongly.

When an illness is very severe, and will last more than a week, suggest the hiring of a nurse. People do not hesitate to spend the money for such purposes nearly as much as you think they do. The nurse will do much to make your own position easier. The chief requisite of a nurse should be that she can hold her own tongue; any intelligent female can

be instructed as to her duty. I am speaking now of nurses who will prepare the meals in addition to the nursing.

Trained nurses are a luxury that few of your early patients can afford. Don't try to force people to employ them unless they can afford it. Here, again, silence on the part of the nurse is golden. Many of them have a habit of boasting how great their friend, Dr. So-and-So, is, or what he does in such cases. Avoid the ministrations of such angels.

Insist on a nurse, or some kind of attendant, during the night for all of your cases of delirium tremens.

In sending for ordinary nurses, give the family a list of names and addresses, and let them make the bargain as to wages, etc.

CHAPTER XIII.

MEDICAL FINANCE.

You have doubtless entered the medical profession out of mixed motives; in fact, most of the things we do in life we do out of mixed motives. In the first place, you believe it to be a noble and honorable calling, one that appeals to you; that you can do so much good in the world by the relief of pain and cure of diseases; that you may discover new things and become famous; that you will be respected and honored among men; that people will look up to you for counsel and advice. But beyond this, there are few among you who do not expect to make a living out of your calling, a living commensurate with your state in life, and a surplus that will support you in your old age, and some heritage.

The ideal physician, as he existed in the minds of the laity of the past centuries, was one who labored incessantly, paid his bills now and then, and, dying, left his family in distressed circumstances; seldom did he leave enough to keep them from arduous labor. We have all seen physicians of national reputation who had big practice, kept up great style, etc., and yet their estates were valued at a mere pittance. This might be all right in the good old days, but to-day sentiment is not in the ascendant. The man who fails to accumulate sufficient to keep the wolf from the door of his family has failed—signally failed—in his duty as well as in his profession.

FEE.

Legally the amount of the fee is a matter governed by custom or practice. The custom of the particular locality governs this matter. If the customary price for a visit is \$2, then a physician, who in response to a request for his services makes a visit with no understanding as to the amount of fee to be paid, becomes entitled to \$2.

It is a very difficult matter to lay down a fee table that will cover a large territory. For ordinary practitioners, without any special training or pretensions as to superior skill, the average fee is \$2 for a house visit. In some parts of large cities this may go a dollar higher. It will be several years before you can expect a higher fee for an ordinary visit, that does not require some special knowledge, nor consume more than one-half hour of your time. In either case, you can sometimes collect more. For the busy man, oftentimes a fee of two dollars is far more remunerative than a fee of five dollars, because he must spend a long time with the patient who pays five dollars per visit, while he might make three or four visits on the less remunerative clientele. If a man has superior attainments in general practice or be a specialist, he may ask a higher fee. This is certainly true in a large city like New York. In the better-class neighborhoods, where the services of skilled men are required, from \$3 to \$10 is the standard fee. In most of the large cities of the second class throughout the East a fee of two dollars

per house-visit for a general practitioner is a standard at the present time. The courts generally recognize such a fee as not excessive. In Philadelphia, for the most part, a fee of \$1 per visit is the prevalent charge; this is true of Pennsylvania towns and throughout the South. If one has a well-to-do clientele, it is quite possible to charge by the case instead of the number of visits. This is the ideal method, but is applicable only to a few; the vast number of sick are not able to afford it, and custom has made the rule of charge by visit, so that the courts usually judge one's services, as far as general practice is concerned, by allowing a stated price per visit. In small towns and country places this fee is reduced to from \$1 to \$1.50. If the visit entail a mile or more of travel, the country doctors charge so much a mile. In the city, mileage is seldom charged for. The very lowest charge for a visit in any part of the country should be \$1. In view of the increasing cost of living, \$3 should be the proper average. Some physicians charge \$1 extra for the first call, and the regular price for each call thereafter.

NIGHT CALL FEE.

If the night call be an emergency one, in which the people have sent for their regular attendant, charge double the regular day fee, or at least \$3. If there is no such complication, and if you think that you can retain the family, you may consider whether it be better to do this or not. In most cases

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for a beginner it is unwise to do so. Charge double the fee at night to strangers in town, transients and to roisterers.

OFFICE FEE.

In the office, for ordinary consultation, without any special time-consuming treatment, the average fee is \$1. Men who have experience charge \$2, specialists from \$5 to \$10. The average specialist's consultation fee is \$10 at the office; for an outside call it varies from \$10 to \$25. Very few men exceed these prices in their own cities. Many of the best specialists in New York gladly see patients referred to them by other doctors for \$2 or \$3 when accompanied by a note from the doctor, stating their inability to pay more. This applies more particularly to throat and eye surgeons. While it is quite true that they are sometimes imposed on, yet if there be a sufficient number of cases, it is quite remunerative. Office fees for the majority of general practitioners in New York average from \$1 to \$2. For those who have a well-to-do practice, or who have more reputation, \$3 to \$10 is secured. In some of the country towns and small cities 50 cents is received for office work. This is too small for good work, but you must not try at once to break the fee table that patients have been accustomed to pay for a generation. In country places, \$10 and \$15 is the rule for confinement cases; in the city, \$20 and \$25. Charge \$1 for vaccinations, unless others in the town do it for less. In such a case let the patient get the virus, and do it for nothing.

Any special work, such as opening abscesses, injecting morphine, passing sounds, electrical treatment, etc., is worth a double office fee, and most people will gladly pay it. In some places one and a half times the office fee is charged for such work. Don't be afraid to ask the regular price of the visit or call. Either your services are worth it or they are worth nothing. Which shall it be? People would not employ you if they thought that your advice was of no value. So don't flinch.

For surgical dressings in most cities the charge is from \$1.50 to \$2. In places where the office fees are less they are to be scaled in proportion. You can explain that it is unfair to ask you to spend 25 cents on a dressing without pay for the same. In sewing wounds it is the custom of some to charge \$1 per stitch, and nothing for their removal. I believe it to be better to charge \$2 the first visit and a dressing fee of \$1, or more, at each subsequent visit; it does not look so big to the patient.

Whether you can charge for an examination of urine, sputa and blood is often a delicate matter. Generally, it is unwise to try to collect for urine examination, but for the others it is customary to charge, and you should do it yourself and collect a fee. If a Health Department does it, of course you must not charge anything. Where repeated urine examinations are necessary, and you do not see the patient, charge one-half an office fee for the examination.

A patient who sincerely tries to advertise you, who goes out of his way to bring you patients, is certainly worthy of consideration, and should receive either extra attention from you (and let him know that he is getting it), or else you may lessen his bill, also letting him know that it is a mark of your gratitude.

There are special fees for the other preventive inoculations, such as typhoid, acne, etc., but \$2 is the average. If the patient must have a revaccination for small-pox it is seldom wise to charge for it; on the other hand, if the patient returns because of redness, œdema, etc., charge for such visits. Explain to the patient beforehand that such things will certainly occur. Don't charge for the certificate, or, in fact, for most forms of certificates, except as mentioned later.

FEEES IN OBSTETRIC CASES.

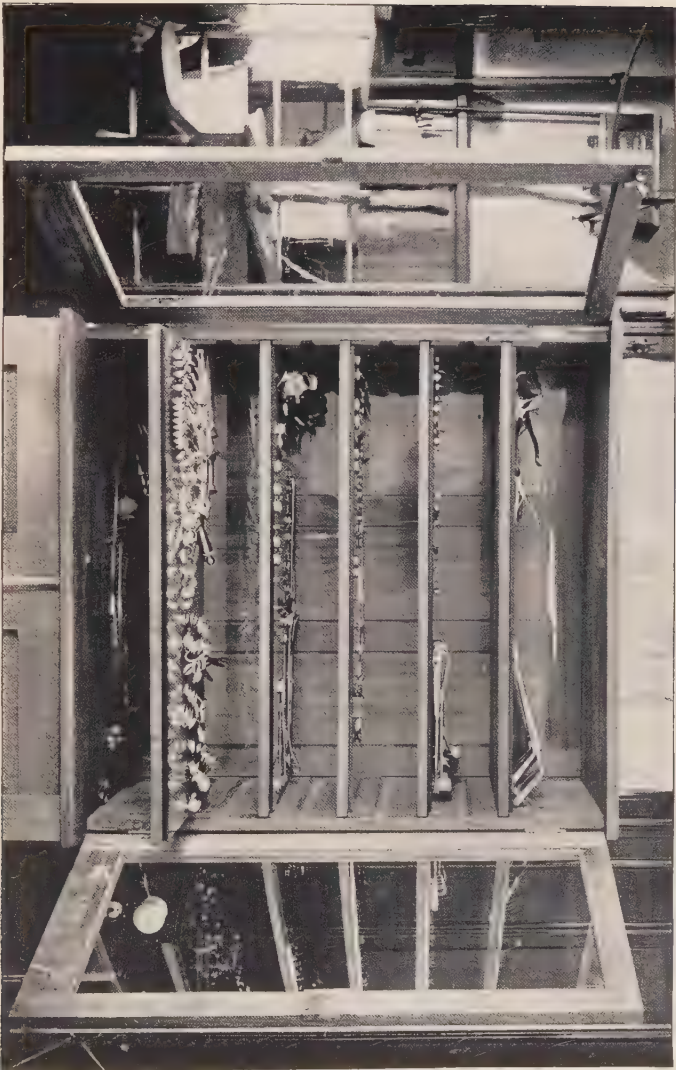
In obstetric cases there are several methods of charging and collecting; the method most in vogue is to charge a lump sum, covering examination of patient, urine, delivering, and eight or nine later visits. Another method that is preferable is to charge the patient for the preliminary examination and for each subsequent office call, with no charge for the urine examination, and then a lump sum for the delivery and P. P. calls; every call or visit before labor begins being charged for in addition. In this way the amount does not seem so large, and a more nearly proper fee is secured. Another method, seldom

employed, is to charge so much for the confinement, subsequent visits to be paid for as house-visits. In the British Isles this system of collection is much in vogue. In such cases \$10 is the usual fee for the delivery alone. When a lump sum is charged the fee covers eight or nine visits. If there is any illness of the infant after the ninth day, treatment should be charged for. Likewise, if the mother is ill more than ten or twelve days after labor, you should demand extra compensation. If you explain when taking the case that your fee covers the urine examination, the delivery and eight or nine calls thereafter, there will be no room for complaint. As a matter of fact, there is seldom any fault found, where the patient is ill for more than twelve days, if an extra charge for each visit is made.

COLLECTION OF MIDWIFERY FEES.

As to the collection of the midwifery fees, in some places it is customary to receive a deposit of \$5 to \$10 at the time of engagement of your services. This a good plan in tenement quarters, as it prevents the people from changing their minds and going to another doctor; also, if you are not promptly on hand when they send for you, they will not be in such a hurry to call the doctor next door. When this deposit is paid beforehand, the balance is paid at the end of the ninth day, or one-half of the balance on delivery, and the rest at the termination of the case. Among the poor this is a convenient way of paying the bill. Another good method is to

charge C. O. D.—collect on the delivery of the child. If such an understanding is made, and it can easily be brought up, saying at the engagement that it is the custom to pay when the child is delivered, there will be no valid excuse if, when they fail to pay you the night of the delivery, you ask whether there has not been some financial arrangement made as to payment. This is the best time to bring this matter up, as then mother and father are grateful to you, more so than they ever will be in their lives thereafter; there is money in the home, in most cases, and there will not be any hard feeling engendered, as they appreciate your hard work, etc.; whereas, if you wait until the termination of the case—the child may die meanwhile—all of the money goes to the undertaker; the mother may get up some complication, etc., and some one may blame you for this and that, and many other things may conspire to keep you out of your hard earned money forever. If you do not get paid at this time, then the day before your last visit inform the patient that to-morrow will be your last visit, and this is hint enough to most people. There is no excuse for people failing to have your money ready on the delivery of the child. They have nine long months to prepare for it. It is not like an illness that comes up suddenly, and if they cannot pay for it then and there, there is not much likelihood of their ever being able to pay for it. These remarks, of course, do not apply to people in easy circumstances, or to those owning property.



Asseptic Surgical Technique (Kob).
Asseptic Surgical Technique (Kob).

Instrument case, showing sliding glass-covered shelves.

FEES IN OPERATIVE CASES.

The rates for operations vary with the localities, but the variations are greater than for medical work. There are few hard and fast rules to guide you. In the absence of any fee table, the rates allowed by accident insurance companies will generally be accepted, and they are as follows:

SCHEDULE OF OPERATIONS.

Section 1.

OPENING THE ABDOMINAL CAVITY (LAPAROTOMY) FOR—

Appendicitis or any operation on any organ (tapping excluded)	\$100.00
FIXATION OR REMOVAL OF KIDNEY.....	100.00
TAPPING OF ABDOMEN OR BLADDER.....	25.00

RECTAL OPERATIONS:

Excision or ligation of Hemorrhoids (internal or external)	25.00
Operation for Prolapsed Rectum	25.00
Operation for Fistula in Ano	25.00
Excision of Rectal Polypus	25.00
Excision of or Colostomy for Malignant Rectal Growth.	100.00
ANY CUTTING OPERATION ON BLADDER (excluding tapping) ..	100.00
LIGATION OF ARTERY FOR ANEURISM.....	50.00
LIGATION OR EXCISION OF VARICOSE VEINS.....	25.00
ACUPRESSURE, LIGATION, OR EXCISION FOR VARICOCELE.....	25.00
BRONCHOTOMY, THYROTOMY, LARYNGOTOMY, LARYNGO-TRACHE-	
OTOMY, OR TRACHEOTOMY	50.00
ESOPHAGOTOMY	100.00

INCISION OF—

Abscess, Boil, Felon, or Carbuncle.....	5.00
MINOR OPERATION ON—	
Eye, Ear, Nose, or Throat.....	10.00
REMOVAL OF INGROWING TOE NAIL.....	10.00
INCISION AND CURETTING CYSTIC TUMOR OF TENDON SHEATH.	15.00

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INCISION OR EXCISION OF HYDROCELE SAC, OR TAPPING SAME..	\$25.00
EXTIRPATION OF—	
Benign Tumor	15.00
Malignant Tumor	50.00
SEQUESTROTOMY (removal of dead bone).....	35.00
SKULL TREPHINING	100.00
CURETTING FOR BONE ULCER	15.00
OPERATION FOR MASTOIDITIS	50.00
INCISION FOR—	
Synovitis (inflammation of the lining membrane of a joint)	25.00
INJECTION OF—	
Antitetanic serum into frontal lobe of brain.....	100.00

Section 2.

AMPUTATION OF—	
Foot, Hand, or Forearm	25.00
Leg, at or below knee.....	50.00
Arm above elbow.....	50.00
Thigh	100.00
Fingers, one or more entire.....	10.00
Toes, one or more entire	25.00
REDUCTION OF DISLOCATION OF—	
Shoulder, Elbow, Hip, Knee, or Ankle.....	25.00
Wrist or Jaw	15.00
Fingers, one or more	10.00
EXCISION OF—	
Shoulder-, Hip-, or Knee-Joint	100.00
Elbow-, Wrist-, or Ankle-Joint	50.00
REDUCTION OF FRACTURE OF—	
Nose, Lower Jaw, Collar-bone, or Shoulder-blade.....	25.00
Breast Bone	10.00
Rib or Ribs	10.00
Upper Arm	35.00
Forearm, one or both bones	25.00
Wrist or Hand	15.00
Fingers, one or more.....	10.00
Pelvis or Sacrum, any of the bones of.....	50.00

Coccyx	\$10.00
Thigh	75.00
Knee Cap	50.00
Leg Bones, one or both	50.00
Foot, two or more bones, not toes.....	15.00
Toes, one or more	10.00
REMOVAL OF SHOT OR BULLET	25.00
ANY CUTTING OPERATION FOR—	
The radical cure of the Reducible, Irreducible, or	
Strangulated forms of abdominal Hernia	100.00
SUTURING WOUNDS	5.00

The following fee table was compiled by two prominent New York physicians and surgeons in active hospital and private practice, and published in the New York *Herald*, October 24, 1909. It is made to apply to four classes of practice in the city of New York. From my own investigations, the average fees obtained from the first three classes are, perhaps, 25 per cent. less than those stated in the list. In the instance of the laboring class, it is in many instances 50 per cent. less. However, in the main, the table fairly well represents prices obtained among the well-to-do:

TABLE.

CASE.	NEW YORK FEES.			
	Laboring Class.	Clerks, etc.	Business Men.	Very Wealthy.
Abscess, ordinary.....	\$2	\$3	\$5	\$10
Abscess, important.....	10	25	50	100
Amputations, easy.....	20	40	60	100
Anaesthesia, general, chloroform, ether or the like.....	5	5	10	50

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NEW YORK FEES.

CASE.	Laboring Class. 	Clerks, etc. 	Business Men. 	Very Wealthy.
Anaesthesia, by means of local freezing applications.....	\$3	\$5	\$10	\$25
Anaesthesia by cocaine, stovaine or the like.....	3	5	10	25
Anthrax.....	10	15	25	50
Apparatus, compressing methodically	5	10	15	25
Apparatus, supporting plaster, silicate, starch.....	10	15	25	50
Asphyxia from submersion or intoxicants.....	5	10	15	25
Bandages.....	3	5	10	25
Blood letting.....	5	10	25	50
Burning, thermocautery or by electricity (at house).....	5	10	20	40
Catherization of the oesophagus....	10	15	25	50
Catherization of the Eustachian tube	3	5	10	20
Cauteries, moxas, seton and the like.	3	5	10	20
Cauterization on the spot.....	3	5	10	20
Certificates on ordinary paper at office.....	1	2	3	5
Certificates on ordinary officially stamped paper.....	1	2	3	5
Certificates on descriptive official paper.....	1	2	3	5
Certificates of insanity, of keeping indoors and of seclusion.....	3	5	10	25
Certificates of life insurance or annuity.....	2	3	5	10
Consultation with two colleagues of equal rank.....	3	5	10	100
Consultation with specialist.....	10	15	25	100
Dressings, small.....	2	3	5	10
Dressings, large.....	3	5	10	25
Dressings, simple.....	2	3	5	10
Dressings of extensive burns, gangrenes, large cancers, wounds.....	5	10	15	25
Electrification, ordinary.....	2	3	5	10

NEW YORK FEES.

CASE.	Laboring Class.	Clerks, etc.	Business Men.	Very Wealthy.
Empyema, ordinary operation	\$15	\$25	\$100	\$200
Empyema, with resection of a rib	25	50	200	500
Empyema, by Estlander process	25	50	150	300
Extracting a partly detached nail, useless particles	2	5	10	25
Extirpation of cysts, superficial fi- brous tumors, haematomata, or in- flamed serous sacs	10	25	50	100
Extraction of foreign bodies; easy, from superficial tissues	3	5	10	25
Extraction of foreign bodies, laborious from deep tissues and lungs	20	35	100	250
Fractures with temporary retaining apparatus	5	10	50	100
Fractures, ribs, shoulder-blade, breast- bone, skull and the like	10	20	50	100
Fractures, small bones	10	25	100	250
Fractures, collar-bone, radius or cubi- tus, fibula, simple	25	50	100	200
Fractures, humerus, forearm, knee, fibula, elbow	30	50	100	200
Fractures, leg, shoulder, knee cap	50	75	150	300
Fractures, thigh, neck or diaphysis, with apparatus	75	150	250	400
Fractures, leg, bi-malleolar	25	100	150	200
Fractures, hip bone, pelvis, vertebral column	75	150	250	500
Fractures, skull splintered	30	50	100	300
Fractures, dangerous or comminuted, $\frac{1}{4}$ more	50	75	150	400
Foreign bodies in stomach	50	100	200	500
Foreign bodies in nose	3	5	10	25
Foreign bodies in ear	3	5	10	25
Foreign bodies in eye, simple	3	5	10	25
Foreign bodies in eye, complicated	5	10	25	50
Haematoma, emptying, drainage, tube, packing	10	20	50	100

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NEW YORK FEES.

CALE.	Laboring Class. Laboring Class.	Clerks, etc. Clerks, etc.	Business Men. Business Men.	Very Wealthy. Very Wealthy.
Haemostasia, simple, by dressing....	\$3	\$5	\$10	\$25
Haemostasia, by ligature.....	5	25	125	250
Hydrocele, emptying and modifying injection.....	5	10	50	100
Injections, hypodermic.....	2	3	5	100
Injections into the muscles.....	2	3	5	10
Injections of antitoxin serum.....	3	5	25	100
Injections in same place, preventive or succeeding ones.....	2	3	15	25
Injections of serum.....	2	3	15	100
Injections of serum, following.....	2	3	15	100
Leeches.....	2	3	5	10
Ligatures, anterior-radical, cubital, humeral, facial, temporal.....	10	15	50	150
Ligatures, tibial, peroneal, popliteal, femoral.....	20	30	50	100
Ligatures, lingual, carotidal, of hands or feet.....	25	50	100	250
Ligatures, axillary, subclavian.....	75	100	200	500
Luxations, of fingers or toes.....	5	10	50	150
Luxations of the thumb, of the lower jaw.....	5	10	50	100
Luxations, of the wrist; tibio-tarsal..	10	20	50	100
Luxations, elbow, shoulder, hip bone.	25	50	100	200
Luxations, complicated, use of force or apparatus (twice the above)...	50	100	200	400
Massages, ordinary.....	3	5	10	25
Massages, ordinary, succeeding ones.	2	3	5	10
Massages, special.....	2	3	5	10
Nail, ingrowing, dressing.....	2	3	5	10
Nail, ingrowing, radical cure.....	25	40	100	200
Night passed without agreeing on price (see Time passed).				
Nurses, selection or examination at the doctor's house or office.....	2	3	15	25

NEW YORK FEES.

CASE.	Laboring Class. Clerks, etc. Business Men. Very Wealthy.			
Nurses, outside of house, at public offices or at the patient's place. . . .	\$3	\$5	\$15	\$25
Paronychia.	2	3	15	25
Paracentesis.	10	15	50	100
Paracentesis, succeeding ones.	5	10	25	50
Perforation of the chest, simple.	20	30	50	100
Perforation of the chest, simple, suc- ceeding ones.	10	15	50	100
Phlegmon, diffused, deep, large open- ing.	10	20	50	100
Plugging, complete, of the nasal cavities.	3	5	10	25
Polypi, nasal and uterine.	20	30	50	100
Punctures of different cavities and modifying injections.	15	25	50	100
Scraping of a bone or ganglion.	50	75	150	500
Skin grafting.	10	20	50	100
Splinters and sequestrations; easy. . . .	3	5	10	25
Splinters, laborious removal.	5	10	50	100
Sprains, strains (see Bandages, Mas- sages).				
Time by the hour at night or hour of time in going.	5	10	20	100
Tooth pulling.	2	3	5	10
Tracheotomy, simple, child.	25	40	100	250
Tracheotomy, complicated, or adult. .	30	50	100	500
Traction movement, each quarter hour.	3	5	20	25
Trepanning, simple.	25	50	200	500
Tube inserting in larynx.	10	20	100	500
Tube inserting in larynx, following ones.	5	10	25	50
Tumors, adenoid, of nasopharynx, abrasion.	25	50	100	500
Tumors under tongue (Ranula), sim- ple incision.	5	10	50	100
Tumor under tongue, removal.	25	50	100	200

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CASE.	NEW YORK FEES.			
	Laboring Class.	Clerks, etc.	Business Men.	Very Wealthy.
Visit of immediate urgency at an hour fixed for a colleague.	\$3	\$5	\$10	\$25
Visit from seven to ten P. M., asked for and demanded after seven o'clock				
Visit in the morning, summer, six to seven o'clock (April to end of September).				
Cupping, simple.....	2	2	5	25
Cupping, with the scarificator.....	2	3	10	25
Vaccination.....	2	2	10	25
Vaccination, each other person of family.....	2	2	5	10
Visit, from seven A. M. to seven P.M.	2	3	5	10
Visit Sundays, seven A. M. to ten P. M.....	3	5	10	25
Visit from ten P. M. to seven A. M.				
Visit, many at the same place, each at the rate of an office visit.				
Washing of the stomach, or stuffing.	5	5	10	25
Washing, forcing by pressure, with glass.....	2	2	5	5
Washing of the pleura.....	5	5	10	25
Appendicitis.....	25	100	250	500 to 10,000
Maternity cases.....	10	25	100	500 to 10,000

ORTHOPEDIC FEES.

Orthopedic surgeons very generally take their chronic cases by the year. They will charge from \$50 to \$100 per year, for instance, for the treatment of a case of Pott's or hip disease. In such cases they call only as often as they think necessary. Of course, you charge a patient for a call or



Orthopedic gymnasium.

visit when you advise him to see a specialist, and also you charge for your visit in taking part in a consultation.

You will often be asked as a hospital interne to sign insurance certificates. In such cases it is no more than justice that you should be paid for your trouble. The charges vary, but about \$1 per hundred of insurance is a fair fee. Some hospitals will not allow you to charge for such services.

THE FEE FOR PATHOLOGICAL WORK.

Urine, for albumin and sugar, \$1.00.

Urine, complete, quantitative and qualitative, \$3.00-\$5.00.

Sputa, \$2.00-\$5.00.

Milk, \$3.00.

Blood complete, \$5.00.

Pathological specimens, \$5.00-\$10.00.

Wassermann reaction, \$10.00-\$15.00.

FEEES FOR RENDERING ASSISTANCE TO OTHER PHYSICIANS.

For giving a general anæsthetic, you should receive at least \$5; in some instances, \$10. For a specialist in anæsthesia, the price varies from \$25 up, although many take cases at \$10.

For assisting in a labor case, the fee will be from \$5 up, depending on the price that the accoucheur receives, and on the amount of time and labor you spend. For putting on forceps, \$5 to \$10, depending again on circumstances. When a specialist puts on forceps or delivers a difficult case,

the price varies from \$25 to \$200, depending on the difficulty and the ability of the individual to meet the expense.

A curetting, \$10 to \$25.

Perineorrhaphy, \$10 to \$25.

For assisting at major operations, from \$10 to \$100.

A single ordinary visit—the price that the principal receives from the same people.

In former years it was customary for physicians to reciprocate as far as making calls, *i.e.*, when one could not attend to his practice for any reason, a friend looked after his practice and the favor was returned at a later date. Among very close friends and among men who are on a plane as far as ability, experience, and practice are concerned, such a plan works well, but it has often been the cause of much bitter feeling. Such an arrangement is not suitable for a beginner. If an older man asks you to do it, do it with the distinct understanding that it is to be one-sided, *i.e.*, that you do not expect any return service. As the chances are, there will be little chance of such reciprocation on his part for years. On the other hand, if he accepts, it will put him under obligation to you. It is unfair to ask a young man to do such work without compensation. If the principal has left town for a day or less, the assistant should have all of the full fees either collected by himself or by the principal, if possible at a later date also. The full fee from ordinary chance calls while the principal is busy at a case should go to

the assistant. If the principal is sick or has gone away for any reason, it is well to have an arrangement whereby half the fees collected then or later goes to the assistant. In other cases from \$25 to \$50 per week is paid outright for all services, including attendance during office hours. The assistant does his own work in the meantime.

When you deliver a woman in the temporary absence of her physician, you should collect one-third of the total fee from her, or later from the physician. This will depend on whether he is an honorable man or not. In no case will you continue with the case after he has arrived. If you do not deliver her before he arrives, then a smaller fee is sufficient. In every such case notify the attending physician within a few hours, that you have delivered the woman, telling him that you did not collect the fee, or otherwise. Then he will assume the responsibility of collection or otherwise, as he chooses.

ATTENDING OTHER DOCTORS.

From the time of Hippocrates, and even before that, it has been almost an unwritten law that physicians should treat their brother-physician in any part of the world, whether they were known personally or not, free of charge. This favor was generally extended to their immediate families. Since the advent of specialism, it has been continued, and the added motive has been that such a physician, when treated by a specialist, would be quite likely to return the favor in referred work. In the large

metropolitan centres, as New York and Chicago, there is a feeling on the part of many leading specialists that this fraternal favor should, in part at least, cease to influence them. They reason that, if they treated all of the physicians who come to them from all parts, the greater part of their time would be consumed without compensation. This is particularly true of the obstetricians. They say that all of their time would be taken up delivering doctors' and students' wives, which could be done just as well by others. Those devoting their time to internal medicine seldom charge any fees. The fees in any case are nominal, not more than one-half the customary fee, and many physicians feel more independent and better satisfied if they pay something. In the past, there is no doubt that the free treatment of the families of physicians and their relatives by specialists has been abused, but everyone who is in close touch with specialists will receive due consideration. Certainly, the man who does such a favor for you should receive your consultation work. Brother-practitioners in the same field are always willing to treat their confrères and families. It is only those near the top who feel that something must be done to economize their time.

If a consultant be called from another city his expenses at least should be paid; otherwise, he would be a moving charity organization.

In the large centres there is a growing custom to charge physicians for medical services when such physicians are not engaged in active practice. This

is especially true of laboratory workers, wealthy retired physicians, those who do detail work, and those who make a living in any way outside of general practice.

TREATING DENTISTS, ETC.

Strictly speaking, dentistry is one of the specialties of medicine, and dentists should be accorded the benefits of free treatment by physicians. In smaller cities this is to some extent practical, but in the larger centres there is generally little reciprocity. If a dentist does work for you or your family free, or at a nominal charge, you should return the favor; otherwise, one-half, or in some cases full fees, should be obtained. Much the same principles should obtain with regard to pharmacists; but here the instances where you should reduce your fee are even less numerous than with the dentists.

TREATING CLERGYMEN, ETC.

As a general rule, if a clergyman receives a salary or perquisites amounting to \$100 a month, he should pay for his medical treatment. Those having poor charges, or young curates or assistants, scarcely receive enough to keep them in clothes and are deserving of your charity. The help in the houses of the clergy should pay as in any other house. In some places it is customary to charge the clergy half rates. If the custom is established, you will not be wise in being the first to break it. It is

seldom that free treatment of the well-to-do clergy will bring you any practice, and you can scarcely ever convince yourself that you are treating them as a charity.

Many people will expect free advice when they pay a bill. If it does not entail too much work, give it to them, telling them to return if not better. Never skip a day's call in treating a patient without telling him beforehand that you are going to do this in order that you will not run up a big account, and that there is no absolute necessity in a daily call. Of course, tell the friends to call you if there is any change in the patient's condition. A statement of this kind is always appreciated and will get you a reputation of not making useless calls with needless expense.

It is better to treat colored people and Italians in their own houses, unless they are very cleanly, as it makes a bad impression on the patients to have your office smell like a dispensary or a hovel.

It is the practice of experienced physicians, when called to treat the servants of the household of which they are the attending physicians, to refrain from charging a fee; one reason is, that they cannot charge the same fee down-stairs as up-stairs; and the discrimination of fees would be apparent to every one. As a beginner you should charge the servants an ordinary fee, as your up-stairs practice, wherein you could charge a larger fee, is some years distant.

FEES IN ACCIDENT CASES.

When you are called to an accident case make a note of all the injuries, describing them minutely. If you think that the patient has a good case for damages, you need not be insistent in your demand for a fee, as a much larger fee may come later. Advise a settlement of the claim as soon as you are absolutely certain of the extent of the damage done and the prognosis thereof. A fair settlement is better for you and for the patient.

If these suits are for more than \$500 they usually run for two or three years, and, finally, after two or three days in court, neither the patient nor yourself may get anything. In such accident cases you should see the patient every few months, so that you can explain that he has been under observation during this period. Make a note each time that he consults you. Charge in your book a full fee for each visit, so that you can show it in court to the lawyer for the defense. Explain that the reason you have not rendered your bill is because you were not yet through with the case.

In rendering your bill, after such trials, add a fee of at least \$25 for your appearance in court. Generally, in preparing the case, the attorney for the patient will consult you. It is then wise to have some financial arrangement with him as to your fee for court attendance. Tell him your time is money. This must be carefully done, as you will be asked by the lawyer for the defense if you expect to be paid for your testimony. If you give a statement to a

patient that you have treated him for the injury, you will be compelled to go to court, and legally you cannot collect more than a witness fee. If you have suggested the name of a lawyer who is a friend, your fee will probably be assured. On the other hand, you will be criticised for the delay, failure, etc. Legally you are compelled to go to court and testify by virtue of being served with a subpoena, but practically you can make yourself an unfavorable witness. This, of course, you would not do, but most lawyers care little for your interest after they have secured their own fees or verdict. So try to get a definite arrangement in this matter at, say, so much a day in court, as your testimony can generally be construed as expert testimony. In some cases by giving your claim to the same lawyer with 10 per cent. commission for collection, you will get it, where otherwise it would be lost. When the case is called in court, have an arrangement with the lawyer that you will be kept posted by telephone an hour before the time you will be required. In this way you will save many a day's waiting in court.

As a general rule in ordinary accident cases, whether the results are due to the carelessness of some one or not, it is just as well to be paid your fee right away, as in any other case. When the case comes to court, you will be more likely to have no trouble in getting your attendance fee.

Hospital physicians and internes, in some States, are not compelled to go to court and testify as to cases observed by them in hospital practice.

CURBSTONE PRESCRIPTIONS, FREE ADVICE, ETC.

Many people will meet you out in a store, at a sociable, etc., and will say, "I am suffering from so and so, what do you think I ought to do?" Don't be in a hurry to convey the information; remember, it cost you the equivalent of \$10,000 for that knowledge, and never give it gratis without some good reason. On the other hand, you must offend no one. When such a question is asked, say, "Well, your symptoms might point to one of several things, and it would be better to see that no mistake is made in diagnosis by having an examination." It is not wise to use the word "examination" to a woman; rather say, "It would be better to have your chest examined," etc. These statements are strictly true, because you will only give half-hearted information under the circumstances. Yet, strange to say, you will be judged just as severely as though you charged full price in case your prescription does not succeed promptly.

Remember, never offer free advice, unless specially asked for and unless you feel obliged to do so for some good reason. No one appreciates anything that they have not asked or paid for. If the advice is asked for it is somewhat different. Early in your practice get in the habit of regarding your every sentence like a grocer does his sugar or tea, or an artisan does his time, as having a distinct monetary value. It is not like the conversation of other people, as it represents a heavy investment. If you

give any information over the telephone that is equivalent to what you would tell the patient in your office, charge an office fee. If you think some one is trying to get a free telephone consultation, get behind the Delphic answer that there may be something more serious, and that it would be better to have you see the patient.

With the very poor all of these general fee charges must be reduced. Sometimes you can avoid this reduction by charging a full fee for one visit and nothing the next, and so on. In Dublin it is customary to pay a guinea for the first visit and nothing is expected for the next two or three. It is a good scheme, provided people would not take undue advantage.

When life is at stake, you must not stop to consider whether you will ever be thanked for your efforts, to say nothing of a financial settlement.

CHARGING RICH AND POOR.

Rich people will frequently complain that they should not pay more than the poor. You can point out that the law values their life more, as instanced in the higher verdicts for the accidental death of a banker as compared with the laborer. If he is worth more dead than the other, it should certainly cost more to save his life. As a comparison, it might be said that the church expects a larger contribution from its rich members than from its poorer members, although the spiritual welfare of one is as important as the other. Again, the well-to-do demand

more of your time than the laborer does. Always and in any case think first of the patient's welfare and strive for his rapid recovery; think of the financial reward as an after consideration.

In setting a charge for a major surgical operation, one of the most noted surgeons in this country charges 10 per cent. of a man's yearly income. In some places, the rental of a patient's home may serve as a basis for the charge per visit.

[In the city, any family of three whose regular total income is \$12 a week, cannot be considered in the pauper class. In the country, this rate may be as low as \$10 a week.]

CHAPTER XIV.

COLLECTIONS.

OFFICE work is generally paid in cash. With venereal patients this should be absolute, as even your best patients, after they are cured of these diseases, will dislike to pay for such services. Among the Italians it is customary to charge a lump sum for this purpose, payable at or near the beginning of treatment. It is interesting to note that in the early part of the century the fee table in the State of New York was \$50 for syphilis and \$20 for gonorrhœa. One can explain this to the patient, that it will require a long time to treat, with frequent visits, and if paid right down he will not hesitate to come as often as you direct; otherwise, he will not come when he feels better, although the disease may be still active.

Venereal diseases are not very satisfactory to treat at best. If you follow the ordinary charge method, then it is well to keep on hand pills of protoiodide or some other mercurial and have the patient report to yourself for the medicine. In like manner the irrigation treatment of gonorrhœa, while it is more satisfactory, will bring the patient back, so that you can observe him until cured. This treatment of patients by physical methods at the office should be carried out as much as possible. It serves

to bring the patient back and keep him properly observed. If possible, never simply say to a patient, "Just keep right on the same," when he reports to you, or soon he will get tired coming back and paying you to say, "continue right on." Always do something, or make some slight suggestion as to treatment or diet.

If a patient walks out of your office without paying you, and you do not feel like asking him for a fee outright, you can say: "Let me see, what is your address again?" writing it on a pad in his presence; this will suggest to almost anyone that you wish to be paid.

Race frequently makes a difference in fees. From the lower class of Italians you will seldom be able to collect more than a dollar a visit. If they ask your advice for several on the same visit, charge a dollar apiece. They always pay cash. The Germans of the poorer classes will appreciate the fact if you do not call unless it be absolutely necessary. The fees are a little less than for other nationalities, but are generally paid cash. They are not a difficult class of people to handle. Among Hebrews you will find that, if the disease be at all serious, you can scarcely make too many visits. The pay is generally safe. The people who give you the most trouble in collecting your fee are the oily-tongued natives, who pay you in compliments.

The treatment of injuries, received in fights, should be paid cash at the time; you will seldom get it afterwards. Don't be too familiar with these pa-

tients in your treatment, or they will presume on your good nature. Make a strong effort to be paid cash at all times by strangers. In the large cities you should always try to be paid at every visit, unless you are acquainted with the people. Under any circumstances, whether you know the people to be honest or not, remember that a bird in the hand is worth two in the bush. With strangers try to have a financial agreement at all events at the second call. At your first call, after having finished your work, stand up in the middle of the floor and slowly look about, twirling your hat as though you were waiting for some one to come, at the same time not saying anything for a few minutes. This will cause most people to make some suggestion as to payment. If they fail to do so, speak to the one who sees you to the door, saying, "Now, Mr. So-and-So, of course you know we are strangers, and it is customary to have some financial understanding," etc. It is seldom that such a statement is received with resentment. Whenever a patient says, "Shall I pay you now or when you get through?" always answer, "You might as well pay now, as it will not be so hard later," or "Short accounts make long friends," "It will avoid making a trip to the office," etc. You do not know how long any case may last, and it is better to get as much on account as possible. In long cases always try to get something on account from time to time, even though you are well acquainted with the people. There is no bill so hard for most people to pay as a doctor's bill.

They will generally say, "He does not need it, and can wait until every one else has been paid." This is unfair, and, no matter what the custom has been in the past, if you want to advance in your profession, to get new apparatus, to do post-graduate work, etc., you must get paid, and paid promptly. Every day your money is out is sheer loss. You would have paid 6 per cent. at least for that money. All these things you can explain when people complain about receiving a bill from you.

SEND YOUR BILLS REGULARLY.

Some one will say that people will resent the frequent sending of bills. Nine-tenths of those who resent it are financially bad any way, and the sooner you lose them as patients the better for your peace of mind and for your pocketbook. So send your bills as soon as you have finished with the case. If you live in a large city, you should send bills to most of your patients every month. The dwellers in large cities do not feel the same moral obligation to pay bills that people do who live in small communities. There is no odium attached to them if they do not pay their bills. They can go to the next street and get another doctor without any trouble. If they move a few blocks, they may never see you again. They do not get nettled easily at the sight of a monthly bill, because they are accustomed to get monthly statements from all of their dealers. In fact, many like it because it shows them where they stand financially. The butchers and

bakers expect to be paid every month. Why should you not get yours? Your future prosperity will depend on the business methods that you install in the first days of your practice. If you are careless in sending bills, either on account of being too busy or afraid of injuring somebody's feelings, you will lose a large part of your income. Anyone who does not put the value of your services above the fact that you send him a statement, let him go to the other doctor and you will be glad to get rid of him. Those who want you expect to pay for services rendered, while those who do not want you would not employ you, even if you offered to attend them free of charge.

Charge for your services and charge a fair fee. If your services are not worth the regular rate, then say so and take less, if there be any complaint; but do not underrate your services by reductions which are ridiculous from a business standpoint. If a grocer or butcher reduced his account every time that you wished to settle with him, what would you think? Certainly that his goods were not worth what he charged for them, or that he padded his account with false charges. So with the doctor. When you have made so many visits, charge for the full number of visits; then, if you think the patient cannot afford it, deduct what you think proper and make a statement to that effect, that the bill is reduced to such and such amount. The sooner after an illness that a bill is received, the less it seems. A bill sent six months after an illness comes when



Handy arrangement of desk, reference books, and typewriter.

all of the tedious details, sufferings and anxiety are forgotten, so many of the doctor's calls, his night visits, his hard work, etc., are not remembered. Whereas, if it comes in soon after the illness, while these things are fresh in the mind of the patient, it seems quite small and reasonable.

People with property need not be pushed so hard, but the sooner your bills are paid by all the better. Another doctor may be brought into the family, their business may be suddenly ruined, they may move out of town or a thousand other things may happen to keep your money forever out of your pocket. Besides, if they pay, they will feel more free to call you if anyone else in the family is taken ill. Oftentimes if people owe a bill they will try to get along through minor illnesses by the use of household remedies; whereas, if the bill is paid, they will send for a physician. In case another account is run up before the first account is paid, you may have to reduce the total bill. You may find that old Doctor Jones never sent a bill in, or that Doctor Smith only sends his account in once a year. That should make no difference with you; you are of a new generation, and you expect to make a little more than the mere existence that Smith and Jones have derived out of their practices. Even your best families should get a bill once in four months.

You will often find yourself in the following predicament. You will treat a poor family for quite a long case, and if they have not been able to pay anything on account the bill will be very large, so

large that they can never hope to pay it. Better state the full amount and reduce it half or less, so as to bring it within their means. Many times you will be unable to get anything for your services, because the people are too poor. Treat these poor people just as considerately as your good patients. It has ever been the privilege of our profession to minister to these poor unfortunates. Generally it is better to treat them in their own homes unless they can come cleanly to your office. You will be paid in gratitude, which is often better than the yellow gold of some of your wealthy patients. Do as much of this charity work in your earlier days as you can, as you will get the experience and it will serve to broaden your mind. You will be brought in close touch with this human nature of ours and look on it in a saner light.

Treat those whom you know to be dead beats. They will generally praise you far and wide as long as you don't press them for money. This advertisement is worth as much as money, or more to you, in the first year of your practice. Besides, you secure the experience, which is quite as valuable. Try to get something from them on account. Likewise, if a family defrauds you once, treat them again, but try not to trust them, as they will repeat the trick. It is easy to ask for your money in such a case, and don't be bashful or the people will certainly take advantage of you.

There is much reason why the physician's account should be settled first, rather than last, as is

often the case. These accounts are many times contracted during periods of the greatest physical, mental and financial distress of the afflicted family when one's higher feelings prompt him to render sympathy, as well as his services, without immediate thought of reward. For that reason he should be paid first, because of the double service of sympathy and work without any immediate sign of financial return. No other occupation expects anything but prompt pay the moment the work is done. This, of course, supposes that you are giving good service, keeping abreast of the advances in the profession, and that you give your patients the best service of which you are capable.

When you have a patient whose account is likely to be disputed in the future because of family interference or other reason, it is a good plan to have him sign a due bill as follows:

“The above account is correct, and there is now due
upon it to Dr.....the sum of.....”

Signed.....

Witness.....

This would enable your estate to collect your bills; otherwise, they are for the most part uncollectible. Furthermore, in the event of the death of the patient owing the bill, your own settlement will be much easier. The time to have such a statement made is when all of your services are vividly impressed on his mind, and when he is grateful to you. He can then look over the account and make what

payment he can and acknowledge the remainder. No honest patient will refuse to sign such a note, but it sometimes requires some assurance on the part of the average doctor to suggest it.

While your monthly bill serves to keep your accounts well in hand, at the same time it constantly keeps before your own mind the fact that So-and-So owes you. There will always be some people who have little or no financial conscience. Some are slow pay because of mere forgetfulness and neglect, and others are slow pay because they hope to escape paying at all. It is always much cheaper and better all round for you to collect your accounts by means of letters than by a collector. After having sent out three or four monthly statements and you believe that no attention is being paid to the account, send a bill every two weeks, accompanied by a polite note. Be careful in using threatening language, as it is against the law, and you might be sued for it.

If these measures fail, you may use the following series of letters, as suggested by Dr. Taylor:

FORMS OF COLLECTING LETTERS.

First, Suggestive Letters.

- (1) An early settlement of this account will be appreciated.
- (2) This account has apparently escaped your notice. Kindly send cash in settlement.
- (3) Knowing how promptly you usually meet your obligations, I presume the above bill has escaped your attention.
- (4) No doubt this account, which is past due, has escaped your notice. Kindly oblige by an early settlement.
- (5) Your attention has been called to this account several times. I now desire to close same without further delay.

These will bring in many accounts—those who are only careless. The next set are more stimulating in character.

Second, Argumentative Letters.

(6) I have done my part. Don't you think you should now do yours?

(7) I have sent you this bill several times, and have received no reply. Will you kindly state if incorrect, or why it should not be paid?

(8) This account has evidently escaped your notice. I need money to meet my obligations, and while I do not wish to crowd you, if you can favor me with a settlement it will be appreciated.

(9) Being greatly in need of money I am compelled to ask those who are indebted to me to please call and settle as soon as they conveniently can.

According to my books, the amount of your indebtedness to me is \$.....

I do not wish to press you, but if you will render me the assistance asked it will be appreciated.

(10) When you send for a doctor it is because you need him and expect him to come. When he sends you his bill it is because he needs your assistance and expects it.

(11) If you send for a doctor twice in succession you would be in great need of him, and would think very badly of him if he neglected you under such conditions. This is your second bill.

(12) I beg to remind you that your account has not been paid, and is now past due. In requesting a prompt settlement I am asking no more of you than my creditors ask of me. Give this your prompt attention and oblige.

(13) I recognize, by experience, that in the vast majority of cases liquidating physicians' accounts is a matter of forgetfulness; but figure yourself what it would mean to the physician if all his patients treated him the same way.

(14) If there is a *genuine* mistake in this bill, or appertaining to it, I wish to know it, so that we may together see to its being rectified. Never forget that again and again in a person's lifetime credit is absolutely necessary to tide over the pressure of circumstances. Credit, at such times, is cash. Therefore, as a matter simply of intelligent foresight, it behooves every actual

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debtor to make good on all past grantings of credit, even when small, as soon as possible.

I, therefore, feel that you will not let any putting-off habit balk your good intentions, and that you will communicate with me with reference to the settlement or adjustment of this account.

You will seldom have to go beyond this. However, there may be a few desperate cases upon which you may try the following:

Third, Urgent Letters.

(15) It again becomes necessary for me to request a settlement of your account with me. I am willing to give all the accommodation possible, but I need the money and must insist on an early settlement.

My books show a balance against you of..... Please give this matter your early attention, and oblige.

(16) The bill enclosed, long past due, amounting to \$....., has not yet been paid by you. It is to your interest to adjust this claim with as little expense as possible, and avoid any unpleasant litigation; hence I request that you make a plain statement of what you can and will do regarding this. If you are unable to pay in full, make a proposition to settle on the installment plan. This you certainly can arrange if you are so inclined, and it will prevent expense to you.

Before finally placing an account out for collection, try two or more of the following letters. It will nearly always bring a settlement, if the party has the money.

Fourth, Drastic Letters.

(17) Unless I hear from you by.....this bill will be placed for collection.

(18) As you have not given the matter referred to in my previous letters your attention, I must now inform you that your account is long past due, and I cannot afford to let it run any longer.

If the same is not paid or satisfactory arrangements made for payment of the same on or before.....19...., I shall take steps to force collection. I do not wish to make you any trouble or cost, but if I do it will be your fault, not mine.

The amount due is \$.....

(19) Several demands have been made for payment of this account, and unless it receives attention before..... 19....., it will be placed in the hands of an attorney with instructions to collect with costs.

(20) I urge confidential settlement as preferable to court room publicity.

No prudent person will allow judgment and costs rendered against him.

An opportunity is now given to settle this account before it gets into court. When once a judgment is entered all defenses are barred. It becomes a lien on all property owned by debtor.

I do not hesitate to garnishee wages or bank accounts, and never fail to use every legal expedient to collect claims.

When you are making efforts to collect your accounts by mail, you should make every personal meeting with your debtors as pleasant and agreeable as possible, showing a genuine, hearty interest in their welfare, even though they are now employing another doctor, never making any reference to their indebtedness unless they themselves speak about it, and this they usually will do.

Keep your accounts so that you can tell any one the exact amount of his account. If you cannot do this for any reason, let it reach him by the next mail. Many a fee is lost because the statement of the account is not ready when the patient is ready to pay. Convivial friends or necessities of the family often make him forget his former good resolutions, and you may never get the fee again.

To be known as a good collector is a good term of commendation in a physician, and most good doctors are good collectors.

In some occupations it is easier for a patient to pay at one time of the year than at another. For instance, farmers devoting themselves to a special crop of cotton or wheat have the bulk of their money at one time of the year, *i.e.*, when they have sold their crops. Those who do general farming usually have money coming in at all seasons.

Mechanics, clerks, laborers and others working for wages or salary receive their money weekly or monthly, which is usually spent as soon as the week or month is up. It is bad policy to allow them to go much behind, as even though they can scratch enough to pay their current expenses, they can seldom pay back bills.

According to law, accounts are uncollectible if they have been dormant for a long period. This period varies in different States. It is usually from two to three years. You should try to keep all of your accounts alive. This is done by managing to get some new entry on account; either a service that you perform or a payment made by the debtor. This revives the entire account, no matter how old it might be, and the statute time starts again as from the beginning.

If possible get a debtor to write you a letter acknowledging your services, and stating his intention to pay your bill. You can sometimes do this by advising him of the fact that he has doubtless unin-

tentionally overlooked your bill. This letter will be of great value to you should he at any future time dispute your claim, and it virtually revivifies the account.

COLLECTION OF DISPUTED CLAIMS.

In most States claims for services must be filed within two years. You must prove that you have been employed and that your services were accepted. Parents and guardians are responsible for their children under age. You must show in court the date of visits and the amount should be charged up each day under the visit mark. This is not always insisted upon. It is a wise thing to put down the amount charged each day in all cases where you think that there may be trouble in collecting.

Again, I want to call your attention to the fact that if you use a visiting list you must not write anything concerning the disease that the patient suffered from on the page where the charge is made. Likewise, in a card index you cannot legally use the one side for the patient's history and the other side for his account, as it could not be presented in court.

When the patient has died and left an estate, you file the bill with the executors, who will arrange for its payment. If the patient had no relatives or executors, you file your claim with the public administrator, who will pay you if there is anything left after the undertaker's bill is paid.

When you have attended a patient through his

last illness, and after death the friends come to you with an insurance certificate to fill out, find out if the friends are likely to pay the bill. If not, take the certificate to the undertaker and both of you can arrange to be paid as soon as the company will pay the claim. In some instances you can find out from the company the precise time when they will settle and you can then be present.

COLLECTION AGENTS.

Don't deal with any collection agencies requiring membership fee, or that require you to sign a note or promise with penalty. Deal only on a basis of commission for the amount collected. This varies from 10 per cent. in the case of attorneys when large accounts are collected, to 25 per cent. for small accounts, such as are handled by the ordinary collector. It is very difficult to get an honest collector, so don't give all of your accounts to the first one selected.

In collecting accounts in law, the arbitrary signs used by physicians in their visiting lists are not of much value. In collecting accounts after death of the physician, they are absolutely valueless. In any event, to be collectible the exact charge for any service should be put down with the word "visit" or "office call," or for whatever the work done, as "operation," etc. Furthermore, it must be put down at the time, or within the day, of the service; all amounts paid must be credited on day and date. When suit for collection is entered, the patient often

retaliates with charge of malpractice. In such a case the Liability Insurance Company will not only defend you, but in most cases get a judgment for you as well. Of course, judgments may not be collectible because of the fact that the debtor does not own anything tangible.

Except with big bills and with people owning property it is not advisable to sue, as it costs more than you can get. With bad bills it is better to settle for half and close the account in any manner, because a patient who owes you will keep others away. They are ashamed to meet you, and if they see you coming along the street will cross over to the other side, remarking to their companion that they do not like to meet you, as you were the means of almost killing their Katie, or John, etc. If they are in the sick room, they will persuade others from sending for you in accidents, etc., by the same excuse. In your financial dealings endeavor to get the money without appearing unduly anxious to get it; this is a nice art. If you are absolutely fair and honest to every one, you will unconsciously acquire it. Your losses should not average more than 5 per cent. of your returns.

You have invested a capital of \$10,000 at the very least. Your returns from this will vary. In the large city \$500 is a fair return for the first year. This should show about \$800 better each year, until \$5000 or \$6000 is reached. The number of men making more than this is not great, and they are well known. If at the end of ten years your returns are

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\$9000, you are the exceptionally successful practitioner.

RESPONSIBILITY FOR BILLS.

Whenever a patient employs you, or allows you to treat him, he is responsible for the fee. The patient must always pay the fee of the consultant, even though the attending physician has not left him under the impression that he (the patient) must pay him.

A parent is bound to pay for medical services rendered to his minor children. After 21 years of age, unless some special order is given, he is no more responsible than a stranger. If a minor is away from home with the consent of the father, he (the father) must pay all medical bills. If the children be taken away from the father by the mother against his wishes, he is not so clearly liable. Likewise, the husband is liable for the medical bills of his wife, even though he is not living with her at the time. When asked to treat a prostitute, endeavor to have the one who calls you made responsible.

The master is not responsible for the medical attention given to his servant. If the master calls you, then he is responsible, even though he makes no direct promise to pay. If his wife calls you to attend a servant, the family is not responsible, even though she promises to pay the bill.

In case of ship captains: The captain is responsible for the medical services rendered to the sea-

man during the voyage, or until the seaman is discharged. If, however, the injury resulted from culpable negligence or maltreatment by the officers of the vessel, he is responsible for the services rendered until the man is well again.

When you are called by anyone to attend a patient, the one calling you is not bound to pay the bill, unless he states that he will pay the bill at that time, without any ifs, then, of course, he is responsible.

Where an agent of a corporation orders medical attention, there is often much dispute.

Railroad companies are the ones where there is much difficulty in getting at the party who can authoritatively order medical attention. Inasmuch as the company is not legally obligated to render such service, one must get authority from the responsible parties. The President, the General and Division Superintendents and Manager are always responsible. In some cases the station agent is authorized to provide for temporary medical services. In cases of sudden emergency, the conductor may call for medical help, and if it be a plain case the bill is usually paid. If, however, the chief officers of the railroad company ratify the contract of any of the officers of the company in this matter the bill is collectible. This ratification can be established if you communicate with the chief officer by registered letter, informing him that the patient is under your care and the attendant circumstances. If he does not repudiate the contract and pays no attention to

it, and it can be proved that he received your communication, then the company is responsible.

Generally, post-mortem examinations and claims for attending paupers are settled by the county officials.

A county or municipal corporation, such as a hospital, is not liable to a patient for unskillful or improper treatment by the attending physician.

When a physician employs another physician to assist him he is entitled to recover the value of the services of the assistant.

A specialist, when generally known as such, can always secure in law a higher fee than a general practitioner would receive for the same kind of work.

In some States, the financial standing of the patient may make for a higher fee than is customary. It is often so construed in the case of claims against an estate, but seldom in the case of living patients.

Even if you fail to benefit a patient, it is no bar to recovery of your compensation, unless actual want of skill be specifically shown. Even if you have been incompetent in some States, that is no bar to recovery of compensation. Of course, the counterclaim for damages by the patient would partially or totally offset such claims.

The fees of expert witnesses are usually fixed by the judge or district attorney.

If you were to act as an expert witness and agreed with the client that you were to receive a stipulated sum for your services, but that, if your testimony

would aid him in receiving a verdict, you would then receive a larger sum, the whole contract is void. It seems that lawyers can do this, but physicians must not testify in this manner. When a lawyer contracts with an expert, he cannot legally charge it up as costs of the case, but, according to law, should pay it himself; this is, of course, rarely done.

In the collection of claims, many States do not bar irregular and unlicensed practitioners from collecting claims. The Statute of Limitations as to the validity of an account varies in different States. In many States each new payment makes the whole account date from that time. It is for this reason a good plan in managing long accounts to see that they are carried forward as a new account for a new period of time, either by a consultation or visit, etc., or else by a note. If the account is carried forward, then it is essential that the debtor should see the account and agree, either expressly or impliedly, as to the correctness of the new balance. If the debtor does not object to the Statute of Limitations, of course one may get a judgment that will hold. The mere fact that the physician's services have been accepted and rendered is sufficient to establish employment.

In some States, notably New York, it is not legal for the physician to testify as to the patient's exact physical condition, but he may testify as to the number of visits, examination, prescriptions and operations, and if the defendant objects to his de-

scribing them, the physician may testify as to their value. As there would be no one who could dispute this claim without the patient on his part revealing his physical condition, there is no great hardship done. On the other hand, should he enter a counterclaim, then he waives the question of secrecy. In some of the other States there is no bar raised to full testimony as to condition, operation, etc.

Books of account are of variable value. In New York, the physician's account book is admissible if he can show that it is his regular account book, and that no one except himself and wife made any entries. The fact that patients paid bills is sufficient proof that his account book is properly kept. It is generally required that the books shown as evidence be of original entry. Each item must be charged separately and a specific sum charged for each visit. This is of especial import where an operation was performed.

These account books, to be admitted as evidence, must not contain matters that pertain to any information as to the physical condition of the patient; otherwise, they come under the Statute of Privileged Communications. In some States this rule does not hold. In most States if you secure a judgment against a patient, that is a bar against subsequent suit on his part for malpractice.

In collecting claims from estates the account must be presented to the administrator or executor, usually within six months—the earlier the better. These claims should be sworn to, adding that you are

a legally qualified practitioner, and that the claim is just and now due. If the claim is rejected, then within three months you should bring action against the administrator. If not, there is great danger that it will be barred. The order of collection in most States is as follows: (1) funeral expenses; (2) expenses of administration; (3) expenses of past illness; (4) judgments; (5) public debts; (6) simple contract liabilities. What constitutes a last illness is variously determined by the courts. In some States the doctor's claim will fall in the sixth class.

In an estate it is not permissible to state the nature of the illness with which the deceased suffered. The number of calls, operations, etc., may be mentioned, and that is all. For this reason it is always wise to settle such claims out of court if possible.

CHAPTER XV.

BOOKKEEPING.

THE problem of keeping your accounts is one not to be considered lightly. Perhaps in the first few months of your practice it may not be a serious matter, but a careless habit in this respect at this time will institute a system of leaks that will amount to thousands of dollars in after years. Carry on your business as any other business man does, so that you can tell at the end of any month what your receipts are, and what is owing to you. You must post your books every night. Get the habit of doing it as regularly as you wind your watch. Have your books in such order that you can give a statement of an account within a few minutes' notice.

Various systems are in vogue. The first and simplest method is one of using the visiting list as a day book. These visiting lists cost \$1.50; they are made to last one year, for those who have small practices. They are published by the *Medical Record*, by Blakiston; the *Medical Council*, and others. As a rule, they contain much other information of value in emergency, such as the limits of dosage, antidotes for poisons, etc. This is the best and only practical method of doing business and keeping track of it. Little memorandum books are usually lost and do not carry accounts back far enough to be of much value. In this book you can put down

at the beginning of the week the names of all of your appointments for the week with a dot in the day of the appointment, and then fill in as they are made, with a "V" for visit, or "C" for office consultations, as they occur. Legally, it is necessary to put down alongside of the "V" or "C" the price charged, and it must be done at the time of the consultation. It is also a good plan to put down on the opposite page the receipts and also the prescriptions given. Be careful not to write the diagnosis on this page. At the end of the month these accounts are to be transferred to the ledger. Buy a good ledger, costing from \$3 to \$5. As to the system of keeping accounts in the ledger, you can make use of any one that you choose; a simple way is to make ten lines across every two opposing pages and through these draw twenty-five lines. This will make a series of blocks, twenty-five in number and ten in depth.

The name of the month can be written over the tops of the twenty-four boxes. This will give ten accounts, covering a period of two years. The name and address are written in the first box to the left. You should have an index in the front of the book, or else paste a letter index on the edges of the pages at intervals of every six or eight pages.

Put the receipts and the debits in each block, debits above and collections below, and a check mark, if bill be sent out.

There are several very good and simple systems of bookkeeping for physicians. Taylor's system is

much in vogue. Much money may be spent in elaborate systems, but, as a rule, they fall into disuse; a man methodical enough to employ them would devise one himself in any event.

Some men do well with the card index system, but great care must be exercised that the cards are not lost and that prying people do not get into your accounts. A loose leaf ledger system is quite practical. No matter how hopeless the account may seem, never throw the memorandum away, as eight or nine years later some one may call and pay the bill.

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CHAPTER XVI.

THE LAW AND THE DOCTOR.

THE State grants you the license to practise medicine, absolves you from jury duty, from military service, and usually grants your vehicle the right of way after the fire department and postal delivery service. Because of this, however, you are not forced to treat anyone whom you do not wish. You are not compelled to get out of bed at night, but you should do so unless you are ill. Once you do accept attendance on a patient, however, it becomes your duty to continue the treatment and to call as often and as long as the case may require.

MALPRACTICE.

If a patient tells you not to call unless sent for, and anything happens that the case does not do well, you are not responsible.

The principal is responsible for the errors of his assistant physician, if the man be employed as an assistant. If, on the other hand, the physician recommended is in independent practice and is considered to be a man of average ability, then the physician recommending him will not be responsible for any error that he may make. If, however, he is taking care of the practice with a financial understanding the case is not always so clear.

It is not permissible to bring a layman into a case under the guise of a medical assistant.

In examining the insane, great care must be exercised, as these patients often sue the physician when they get out of the asylum.

If in the physician's best judgment it is advisable to withhold from a patient in a particular emergency a knowledge of the danger and the extent of the disease, he is justified in so doing. A patient suffering from a felon was told by her attending physician that her hand was doing well. He was not held to have incurred any liability, even though pain and destruction of a portion of the finger ensued.

A cause for action in any case for malpractice does not fall with the death of the patient or physician, or if previously commenced, may be continued by or against the personal representative of the deceased.

Criminal malpractice is based on criminal intent or gross carelessness. Instances of gross carelessness are nowadays relatively rare.

A physician who administers a poisonous drug while he is intoxicated, if death result therefrom, is guilty of manslaughter. Legally speaking, no physician has the right to terminate human life under any circumstances.

Anyone who administers to a pregnant woman any medicine or employs an instrument or means to produce abortion commits a felony. If death of the mother results, it is generally held as manslaughter.

Some States make the mother guilty, if she does these things herself. In the production of abortion, the law requires the concurrent opinion of two physicians before it can be legally done.

Concealing a foetus, *i.e.*, destroying a foetus after the fifth month, may be a criminal offence. In large cities the body is habitually burned in the furnace; after the sixth month, it is better to see that it is turned over to an undertaker.

In most States, you are not allowed to disclose any information which is acquired in attending a patient in a professional capacity and which was necessary for you in order to act in that capacity. The construction of this statute goes so far that the courts prevent a receiver in bankruptcy from taking your books as a basis for collection if they contain references to disease and treatment. As stated before, it also negatives their value in the collection of claims if they contain any such information. Communications had for the purpose of doing an unlawful act or committing a crime are not within the meaning of the law, and will not be protected.

In a criminal abortion case, according to the law, the last physician in attendance on the patient is presumed to be the guilty one. This works a great hardship, as in most cases the abortion is done by some one else. Everyone must in the light of charity and duty take the chance of being legally committed when life is at stake, and he would be considered a white-livered physician who would refuse to treat such a case where there is no institu-

tion to take care of her, simply because of the law in the matter. If you treat such a case and feel sure that the woman will perish it is good practice to notify the coroner and have him take her ante-mortem statement. In States where there is no coroner recognized by law, then the medical officer that supplants him should be notified.

Contracts, in general, are of two kinds, written or oral. An oral contract is just as binding as a written contract, but it is not so easily proved. Whenever a doctor undertakes the treatment of a patient, certain contracts are created by the law founded on the relation of the physician and patient. In undertaking the treatment of any case, your contract implies that you have such skill, knowledge and information that will enable you to properly and judiciously perform the duties of your profession. It is not supposed that you possess the highest degree of knowledge or skill, and yet it must conform to the ordinary current text-book requirements at that time. Much more is expected of the doctor practising in large centres, by reason of his opportunities for study, etc. This is especially true in surgical work, and a doctor in the country, who is compelled to do major surgery, is not culpable if he is not up to date in his technique and diagnosis. So the law lays down the statement that his knowledge should be that of the average skill presented by doctors in similar localities. Furthermore, you contract to use reasonable care and diligence in the exercise of your skill and application of knowl-

edge in each case. This is a very wide and almost indefinable doctrine. It means that one should give as much care to a case as most other physicians do in similar circumstances. For instance, one who would see an acute pneumonia once or twice a week would not fulfill such a contract. Your refusal to accept assistance of other doctors, or to meet them in consultation, does not necessarily increase your legal responsibility. You furthermore contract to use your best judgment in cases of doubt. This is of particular value in cases where one cannot come to any conclusion in diagnosis or treatment, as it enables one to do what his best judgment deems necessary. It is so broad in its field that it covers most of the *faux pas* of practice. You also contract to follow the usual and customary modes of practice that are upheld by the consensus of opinion among the members of your own school of medicine. This means that you should not experiment on patients. A great surgeon may do this, but to lesser lights it is dangerous ground. It is also held that, unless reasonable and necessary instructions are given to the nurse, and should injury result therefrom, you may be held for damages. This covers not only your period of attendance, but that of convalescence as well. For this reason, when a patient leaves a hospital against the advice of the physician, he must sign a card, releasing the hospital from all damages.

In all cases, the patient must follow the rules and directions laid down by the attending physician:

otherwise, he cannot successfully sue for malpractice. Ordinarily, you do not contract to cure anyone; you simply render the best services that you are capable of doing. Once you undertake the treatment, unless you make some special arrangement at the beginning, you are compelled to continue your services until discharged, or until the patient is well. Of course, if you are taken ill, or are ordered away because of illness, etc., you are not responsible. Likewise, once you are called to make a visit on a case, the responsible party is responsible for all of the future visits that you may make until discharged, or the patient is well again. If you are called as a physician, you may officiate as a surgeon unless there be some explicit understanding to the contrary. The mere fact that you make no charge and receive no pay for treating a case does not in any way affect your contract to do your best. The same amount of skill and care is as much the right of the pauper as the millionaire. You may decline the call to treat such a case, but once you undertake the treatment you are bound just as much as though you were paid thousands of dollars.

REVOCATION OF LICENSE.

The grounds for revocation of a license by the State Board of Examiners are usually stated, as for unprofessional, dishonorable and immoral conduct. It is not legal to punish a duly qualified physician for unprofessional conduct, such as advertising as a specialist in certain diseases, as it would be uncon-



Postmortem Pathology (Cattell).

Bucket method of opening and cleansing intestines, especially useful in private autopsies.

stitutional. While it is against the Code, still it is no menace to public welfare. If the advertisement contained false statements, made to deceive people, then it would be dishonorable as well as unprofessional, and could be considered a just ground, or one who poses to cure all cases of any chronic complaint would fall under this ban. In some States, namely, Georgia, Kansas, Kentucky, Louisiana, Maryland, Michigan, Nebraska, North Carolina, Rhode Island, Virginia and Vermont, a physician, practising medicine unlawfully, cannot recover a fee for his services. This is practically true in all States.

AUTOPSIES.

As a hospital physician you will often wish an autopsy. The best way to obtain it is to get the written consent of the patient or mayhap of his nearest relative before death. If you cannot get this, you may make it a coroner's case, on the plea that you do not know what was the cause of death. Hospital authorities do not like this procedure; otherwise, you must get the consent of the nearest relative. The order of giving such consent is as follows: (1) a permission signed by the husband or wife of deceased; (2) if neither survives, then the children; (3) if there are no children, then the father; next the mother, then brother and sister; (4) after that, the next relative according to the same law that deals with the distribution of the property.

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If you are called to see a patient, and if the patient has recovered by the time you get there, or if another doctor has arrived ahead of you, without any unnecessary delay on your part, you are entitled by law to your fee. It is questionable whether you would be wise in demanding a fee under such conditions unless the people are transients.

STOPPING VISITS.

On determining when to stop your visits, you are only asked to use ordinary judgment and care. You may terminate this obligation by giving notice of your intention to quit attending him; otherwise, you are liable to the patient for all resulting damages.

MEDICAL DEFENCE.

If you possess any property, it is wise to be insured against suits for malpractice. There are a number of companies that insure one against such suits, which are usually cases of blackmail pure and simple. The companies obligate themselves to defend you in court and to pay \$5000 damages in case of award by jury. Such a policy usually costs \$15. One of the State medical societies, notably the New York State Society, undertakes to defend its members in such suits free of charge. Thus far they have been uniformly successful in beating off these pirates. By the very nature of your calling, you are exposed to a form of blackmail that is difficult to defend. I refer to the occasional harpy who will

call to consult you ostensibly but in reality to charge you with assault. Happily, such occurrences are rare. If you have a bell, quietly summon help, in the shape of a servant who can listen to the conversation, and thus you can protect yourself. Put on a bold front in all such cases and you will find that it will be rare that such charges are pressed. Preserve such a character in your every-day life that the presumption at law will always be in your favor.

Suits for damages, such as faulty setting of limb and other errors, are becoming much more frequent than in former years. Relatively few of them are successful, but it is worth much peace of mind to be insured against the worries of such actions, if for no other reason. In all such cases it is incumbent on you to notify the insurance company immediately on receipt of notice of any such suit. Failure to do this may nullify your policy.

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CHAPTER XVII.

PROFESSIONAL ETHICS.

PROFESSIONAL ethics began with Hippocrates. Later on it was elaborated in the great schools of the Middle Ages, particularly at Salerno and at Paris.

In the eighteenth century Dr. Percival, an English physician, wrote a series of letters for his son on entering practice, and these are the basis of the code of ethics of the American Medical Association. The code is an arrow that shows you the right path. In its application you must follow the golden rule, and always apply it when in a quandary. Do unto others as you would have them do unto you. Do this at all times, whether seen or unseen, and you will be rewarded with a clear conscience that will enable you to look anyone in the face.

CRITICISM OF OTHER PHYSICIANS.

Don't listen to criticisms of other doctors. Change the conversation at the first break. On the other hand, you yourself must not criticise a neighboring physician, either to other doctors or to your patients; it never helps you. It is a well-known law that a physician who speaks disparagingly of another doctor to a layman, at once lowers himself in the opinion of the layman. The layman may not

openly voice his disapprobation, but he always forms the opinion that the man who speaks is narrow-minded. A physician who speaks ill of another doctor to a physician, while he does not belittle himself in the eyes of the physician as he does with the layman, still prepares for himself the reputation of a kicker.

The people who listen with greedy ears to your denunciation will be the first to do the same thing with regard to yourself. Criticism of this kind belittles anyone and always suggests professional jealousy. It indicates small-mindedness. This is true, even though you are positively certain that the doctor has handled a case badly. The day when a doctor could come into a sick room and throw out of the window all of the medicine prescribed by his predecessor, with the remark that these things were worse than poison, etc., is happily past.

Few men take themselves so seriously nowadays, and they are either knaves or fools. The more general membership in medical societies has made this well-nigh impossible.

Some men will not say anything against a brother physician, but will give a shrug of the shoulder or an upward look, a cynical laugh, etc., whenever his name is mentioned. This is quite as bad as saying mean things concerning him. Avoid it. Go right on with your case when another doctor's faults and sins are mentioned, and say nothing; if you cannot defend him, say, "Well, I don't know anything about him." Defend him, if it can be done. Finally,

medical etiquette can always be invoked in favor of courtesy and consideration to a colleague, but must never be allowed to prejudice the health or lives of patients.

If a neighboring physician has treated you badly, kindly remember, that perhaps half of the occurrence has been exaggerated. Make it a point to call on him and find out the truth or falsity of the matter. If he is not guilty, all will be plain sailing. If he is guilty and denies it, as he almost certainly will, he will at least be more careful in his statements concerning you in the future, and this will be of financial gain, sufficient to pay for your time in calling on him. The better physicians know one another, the less complaint there is of unprofessional conduct.

One does not like to meet the man he has injured. The corollary to that rule is to see your brother practitioners often, and they will be careful not to play the pirate with your cases.

Do not be too suspicious of your neighboring physician, to whom one or two ladies have gone after vainly asking you to commit abortion. They may have abortions performed by some one else, after vainly asking him as they did you, and for shame, supposed merit or other reasons preferred to have him curette them or otherwise treat them instead of having yourself. There is a great temptation to blame him, but it is well to question oneself, if you might not have been the unconscious victim of some one else's thoughts under similar conditions.

DISMISSAL FROM A CASE.

Some fine morning you will find a note under the door, informing you that Mrs. Jones, whom you have been treating for the past three or four days, will not need your services any longer, because her old family physician dropped in and will look after the case in the future. This will be your first great discomfiture. Don't mope over it. It has come to all of us; it is a necessary evil, otherwise we would all become too great in our own opinion. If none of us lost any patients we would soon be so busy that we could not attend to a fraction of our practices.

When after such a notice you meet the people on the street, do not look on the other side, but boldly go up to them and ask after the patient. Tell them that you are interested in the patient. Do not say anything against the other doctor, but wish them "good luck." You will be surprised at the reaction in your favor, and they will not continue telling every one how the patient would have died if Dr. So-and-So had not been called in. No one can keep up a fight long against graciousness.

WHAT CASES YOU MAY TAKE IN THE OFFICE.

1. Any case, no matter who the family physician may be, that comes first to your office you may treat, provided that you have not treated him any time at the request of another physician.

Now, let us suppose that you are called to attend a case where the regular attendant has been called,

but, having failed to arrive, the people sent for you, the nearest doctor. Treat the emergency. Avoid making any positive statement of etiology, diagnosis, or prognosis, until you have learned what the other doctor has said. If you cannot confirm his views, don't make any positive statements.

Collect your fee on the spot, and do not charge lightly in such cases. This will prevent them trying to tempt you to take the case.

It is customary to leave a note at the patient's house, to be given to the physician on his arrival, explaining what you found and what you did. In default of this, communicate with him as soon as you reach home.

It is a nice point to decide whether you may take a case in that family afterwards. In most cases there is no reason that you should refuse such cases if you feel that you have been scrupulously honest. Don't treat the patient within at least six months except at the request of the attending physician.

If the doctor arrives before you are through with the case, turn it over to him immediately on his arrival and leave at once, unless he request you to stay. He should then see that you are paid before leaving. If he does not, speak to him about it that same day.

Do not tell the people to let you know in a day or so how the case is getting along. Don't ask after the patient at any future time, because the doctor will surely hear of your request and will feel suspicious of your motives. Remember always that ours is the most suspicious (?) profession under the

sun. The people may importune you to take the case; this you must refuse to do, although after some months you may take another case in the same family, if they ask you.

The obstetric cases will be the hardest ones to avoid continuing. But firmness is more important here than anywhere else, because the attending physician has had the case in his mind for a long time and has given it more thought than he will ever be paid for. If you do not know the doctor, collect at once. In case the other physician has turned the case or his practice over to an assistant, your obligation to withdraw from the case is not so clearly cut.

The Code of Ethics suggests that whenever a physician is called to the patient of another physician during the enforced absence of that physician, through illness or otherwise, the case should be relinquished on the return of the latter. In large cities this section of the code is rarely observed. The patients will not permit it, and the young man must have some opportunity to get a practice.

2. The patient has a family physician, but has not sent for him, and he is not under treatment at the present time. You are entitled to treat him without notification of any kind. No one owns patients in any sense. If the family doctor feels bad about it, because he has done so many things for the patient without getting or asking compensation, that is his fault. Ingratitude is the rule; so do not count on favors holding patients for you.

The trouble between physicians generally arises from the fact that patients, either by accident or by design, will often change physicians. The one who is dismissed or loses the case is piqued and often vents his spleen on his brother practitioner. This is an unfortunate accompaniment of the profession, and one must learn to bear such rebuffs with equanimity and not to charge the fault to the other doctor. It should spell study, work and diplomacy for you rather than jealousy, because you cannot measure up to the other man.

3. When called to a case where another doctor has been employed. Generally when the call comes, you will not have an opportunity to find out if there is another doctor caring for the patient. When you arrive, if you see that the patient has been ill for a few days, question him as to what medicines he has taken. If he has not taken any, it is quite likely that he has not had another physician attending him. If he tells you that he has had another doctor, find out his name and the reason for his dismissal. The people will tell you this without any questioning on your part. Ask if he has been dismissed.

When you are summoned to such a case after the discharge of a colleague, don't go into the room with a wise shake of the head and serious mien, emitting deep sighs at short intervals and then informing the parents sadly that, if they had called you sooner, something might be done, or "you called me just in time," or trash of that sort. The laity will say

this themselves, but don't you make any such statement if another doctor has been attending the case. The cases where such a statement would be true are probably few and far between. When such a statement comes back to the ears of the first physician, it always breeds ill-will of a lasting character.

You must remember that anyone has a right to change doctors as often as they feel like doing so. They view your employment the same as they would any other mechanic, while you are apt to think that you have some superior right and ought not to be discharged. There is always a cause, whether the cause be that the patient is not making progress fast enough to suit the friends or some neighbor, or relatives insist on having their own doctor; in any case, it makes little difference to you. They have lost confidence in you and you consequently feel uncomfortable in going into any house when the presiding spirit feels that way. When such a feeling of antagonism exists, it is far better for you that people change doctors, although you should not suggest it. So, when such a notice comes, let it be an incentive to study rather than to blame some other doctor. If you had the attainments, either professional or personal, the other man would not get the case. On the other side, some day the tables will be turned, and you will be the fortunate one riding into the case.

As a matter of fact, in chronic and subacute diseases, the change of doctors often works improve-

ment and perhaps cure in the patient. Aside from the psychological effect, which is by no means to be despised because of the new hope that is enkindled in the patient's mind, often a newcomer sees the case from an entirely new standpoint, being free from the influences and prejudices that are often present in one who sees a case from the beginning when the onset was such that it would mislead anyone.

It is taught that under such circumstances the physician who was called in should direct that the former attendant be discharged, before he takes the case, and that he should suggest that he be paid. In large centres, this rule is not so strictly applicable, and many busy men pay no attention to it. They claim that it works a hardship on them to go out on such a call and climb seventy or one hundred steps and not receive compensation therefor, unless the people choose to send a messenger out at once to inform the first physician and pay him. It is to the advantage of the second man to see that this is done, because it prevents the people from changing their minds if his diagnosis happens to be the same as the first doctor's. It also saves the first doctor a disagreeable half hour and a brooding day, if, after he has walked a mile or two to the sick man's residence, he is met at the door by a rebuff and possibly a remark that the patient would have died if he had continued calling.

On the other hand, if the people say that they only wish your opinion, to corroborate or not that

of the other doctor, one of two courses is open to you: (1) to refuse to examine or give an opinion, except in consultation, explaining that it is against the law of medical ethics to do so; or (2) you may give a mere non-committal statement, collect your fee and tell the doctor about it as soon as you reach home. In case you have been called to take the case, defend him as much as you can; if you cannot, do not by action or word show any interest in the matter. This is the rock on which nearly all the friendships between physicians are wrecked. The people and patient will at this time multiply a hundredfold the slightest allusion or shrug on your part. They will dream what they think you ought to have said, then, figuratively speaking, put it in your mouth. All of this will surely come to the ears of the first physician, who will generally feel bitter toward you if you do not explain the situation to him.

In such a case, never criticise the other doctor's work, but it is well, if you find a lacerated cervix or perineum at labor, to state the fact before you deliver the patient; otherwise, you will be blamed for it. You can explain that each labor always opens up the old scars. Let us suppose that you take the case. Explain that the doctor has done the best he could, and suggest that he be paid at once, and that as a consequence there will be no hard feelings on his part.

The first thing you do on going home after such a call, is to communicate with the doctor, explaining

matters, and find out if he has been paid. You will find that, as a rule, he will appreciate this little compliment, even though he has not been friendly before. My own experience has been that in such cases the second one called in is seldom paid. So be sure and collect your fee at every visit. You are in a strong position and can demand it, as they must appreciate your being called as a second choice. If they do not, they are more than likely in the dead beat class.

There is a species of individual, usually a woman, who likes to make ill-feeling between doctors. She will tell one man that another doctor said so and so derogatory to his ability, etc., and this serves to stir up a feeling of resentment which causes him to assail in every possible way his confrère, who is entirely innocent. Recriminations follow, and both are at each other's throat. It is so easy to fan the fuel of this sort of enmity that all true physicians should strive to snuff it out at its inception, and the surest way to stop it, even though there be some truth in the original firebrand, is to have a few minutes' conversation.

ETHICS OF INSURANCE EXAMINERS.

If you are employed as an examining physician by any insurance company, you should not examine an accident case without communicating with the family physician and having him present at the examination.

ETHICS OF SUBSTITUTE.

If you receive a call through another doctor's office while he is out or engaged, you should notify him as soon as you have made the call. Don't see the patient again without his sending you. He may not volubly object to your going, but unless he specifically sends you do not go, as the case belongs to him. If his office had not delegated you to go on the call, some one else would have been sent. Therefore, you have no right to presume as a fact that the patient was not one of his regular patients even though he never saw the patient before. His reputation achieved after years of labor is what brought the call originally, and you are taking his place for the moment only. The people will very likely wish you to continue. Do not do so, thinking that it will not be known. Everything comes to the ears of an old practitioner when he wishes to listen. Do not expect him to froth and fume when he hears of it. He will probably not say a word, but quietly look for some one else to whom he will send chance calls, etc.

The people will almost invariably ask you to take charge of the case. This you will firmly refuse in every case. Be very careful never to treat at any future time a case you have looked after for your colleague. He may possibly give a forced consent, but he will seldom like it. In the future he will be careful not to send for you on a like service. Some principals get over this stumbling block by an

arrangement whereby the assistant pays 50 per cent. of his collections from such a case accruing within the next six months or a year.

You may feel piqued at the title of assistant; sometimes this may be obviated by his terming you his colleague, or associate. The people will, however, generally term you the assistant. Don't let it bother you.

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CHAPTER XVIII.

ADVERTISING, ETC.

You are not permitted to advertise. The reason for this is quite plain. A layman is not in a position to dispute the claims of the advertiser, whatever they may be. He is in a position to judge of other goods by comparison, but for the kind you have to offer there is no basis for comparison. The one who could write the best ads. would have all of the practice. For this reason, the learned professions have always avoided advertisements. Lawyers don't advertise that they can secure verdicts in all cases.

These traditions, that have been handed down for ages, must be maintained. The essence of medicine demands it, and he who runs counter to it must bear with the ostracism that results. It is ever to the glory of the profession that no really skillful physician has resorted to these methods. There comes a time in the life of many physicians when they feel that they would like to enter the advertising field, but either through lack of confidence in themselves or fear of being called a quack by their brother physicians, they confine themselves to the code of ethics, and it is well that they do so. All of the advertising business is not gold, and for one who does make a little money, hundreds fail absolutely. Practically all of the most successful advertisers will

tell you confidentially that if they had their lives to live over again they would prefer the general practice of medicine wherein they could enjoy the confidence, esteem and respect of their patients, which is never accorded to the advertiser. The laity invariably regard the advertiser as one who is out to do them as much as he can, and hate the sight of him as soon as they are cured, or he has their money. Some few may be grateful, but there is never the respect for him that is accorded the humblest practitioner. The only legitimate form of advertising is by showing members of your own profession what you can do. You do this by sending them notices of your operations, with invitation to watch your work, by presenting cases and papers at medical societies, by articles in the medical press, and by sending them individually reprints or copies of such articles. Needless to say, to none of these fields should the laity be admitted; the layman cannot judge whether you are talking sense or nonsense. For the same reason, reprints should not be distributed among laymen, with the possible exception of near friends and relatives. Any other form of advertisement must come from the layman, praising your work as it affected him.

Don't put a card in church bulletins, programs, etc. Laymen will often solicit you to do this. Likewise, it is not good taste to insert your honorary positions, etc., in the telephone directory.

Have plenty of your cards always ready and give them to your friends and patients. The sight

of your card on the mantel-piece of the home will often remind them of the fact that they should consult the doctor.

In some of the small towns it is common practice to insert a card in the local paper with address and office hours. There is nothing ethically wrong in this; also, if you have been away for a long period it is customary to insert a card, informing your patients that you have returned to practice. This is more commonly made gratis as a reading notice by the news reporter. In the large cities the prominent Italian physicians, following the custom of their native land, insert professional cards in the daily press. The lesser fry have some additional matter, specifying their specialty, etc. Thus far this contagion has not affected other races.

Beware of making close friendship with reporters of the daily press. Their enthusiasm is apt to bring you discredit among the profession. I have known physicians who have ridden into good practice through the energy and boasting of their wives. That is a field of advertisement that is, of course, uncontrollable. Your wife can make herself prominent in local circles, and by using tact and diplomacy manage to bring her husband into the limelight. Many women, particularly neurasthenics, have a bundle of trouble they desire to open and display to their envious friends, and this affords a good opportunity for the doctor's wife to make a demonstration of sympathy and relate how successful he is in such cases. If you have your name on diet

slips, on your dispensing envelopes, etc., it is in a sense advertisement, and a legitimate form of advertising at that.

BOASTING ABOUT CASES.

It is perfectly natural that you should feel proud of your successful cases, and it is just as natural that you sing your own praises. The most valuable compensation from such cases is the satisfaction of work well done. Your boasting, provided it is done in a dignified manner, will help you, but be careful not to offend anyone. Anyone who asserts his prowess will be believed by the majority. In after years you will probably smile at the assertiveness of your early years; nevertheless, it will do you no harm.

CHAPTER XIX.

COMMISSIONS.

WITHIN recent years the commission evil has sprung up among some of the older men. This is one of the gravest crimes against the code of ethics. It will blast a young man's reputation, as it will invariably be found out. To an older man it is not so harmful as far as reputation and practice goes, yet it demoralizes and debauches him. Under no circumstances can you honestly accept commissions from consulting physicians, surgeons or specialists. If you call a surgeon in to operate on a patient, it is only just that you should be asked to assist at the operation. You can, with very, very rare exceptions, do this as well as his first assistant, and for this the surgeon should compensate you as liberally as he would his regular first assistant, provided you do not wish to charge the family directly for such service. As stated before, the first assistant's fee for a major operation varies from \$10 to \$100, depending on the amount of service rendered and the circumstances of the patient. It is well to have an understanding with the surgeon in this matter before the bills are sent in. It is customary for the surgeon to send a bill covering the operation, assistance, etc. If possible, you should have the after-treatment of surgical cases, for which you will be

paid by the patient unless the surgeon wishes to compensate you.

People will often wish you to take them to the specialist. For this you should be compensated by them. If you assist at any office work or operation, the consultant may pay you for the service, as he would a nurse or other doctor.

Sometimes you will be asked by the patient to be present at a hospital operation. Your advice under such circumstances may be of great value to the operator and patient. In such a case, intimate that it will cost him something. Say, "If you wish me to go—of course I will, but it will take a good deal of time on my part," putting the time and date in your memorandum book while talking to him. If the attending surgeon wishes your advice during convalescence and asks you to call he should compensate you for it. If a patient asks you to call and see him at the hospital he should pay you for such services, even though you are not connected with the hospital. Personally, in several instances we have been able to suggest changes in operation, further explanations, etc., during such operations that made the operation a success, where otherwise it would not have been. This was possible, because of a more intimate knowledge of the patient. It is but just that you should be compensated in such cases for your time and advice, either by the attending surgeon or by the family. You can explain this to the patient beforehand.

Many surgical instrument houses make it a rule

to send a check for a percentage of the price received from patients sent to them for glasses, bandages, trusses, etc. This custom has become well-nigh universal; the patient is not charged more than the catalogue prices and possibly receives more attention by virtue of the fact that he comes recommended by a physician than if he comes otherwise. Certainly, no injustice is done the patient. Few men will go to the trouble to return such small sums. Strictly speaking, this should, however, be done. One way out of the dilemma is to turn such money over to any charity in which you are interested; otherwise, return the money to the patient. If you choose to fit the patient with these appliances yourself you may buy them. Charge a fair fee for your trouble.

Within the last few years a number of proprietary concerns have sent agents among physicians, offering them stock bonuses, commissions, etc., if they will consent to prescribe their nostrums. These transactions are all of them essentially wrong, because they interpose an object between the doctor and the patient beyond that of the patient's interest and advantage. The patient trusts you implicitly and any breach of confidence is infamous. It is always found out, because the druggist takes pains to circulate the fact among his customers and among the neighboring physicians.

It is ethically wrong to give testimonials for any secret nostrum. Avoid giving laudatory notices to proprietary articles and food, etc. This is not

strictly unethical, but it is dangerous ground. The vendors of these drugs generally seek such notices from beginners.

PATENTS AND PROPRIETARIES.

The code of ethics strictly forbids your giving any recommendation for any proprietary medicine or patent mixture, etc. Sedulously avoid it, as in later years it may be brought out against you. Likewise, you cannot get any patents for surgical implements nor patent medicines, etc. You may from time to time hear of the wonderful success of some advertised secret remedy, and it may make you partly believe in its value; but remember that the most famous supposed specifics often contain sugar water, and a coloring and flavoring mixture as viewed in the light of pharmacologic examination. Fortunately the tricks of medicine will out, and there is hardly a secret in the practice of medicine to-day which cannot be exposed and duplicated with equal therapeutic effect.

CHAPTER XX.

CONSULTATION AND CONSULTANT.

AFTER a patient has called several times and is discontented over the fact that he is not improving, you may, if he is a good patient, suggest a consultation. In any event, if you do not understand the disease, or if some serious affection of one of the special senses is present, you should suggest a consultation. Always impress upon the patient that you treat all ordinary diseases of all organs, but that this is an extraordinary case. Unless he has suggested some one else, send him to a specialist that you know to be honorable and experienced. It is a good policy to take the patient to the doctor's consulting room yourself, having notified him beforehand of your coming. In this way you will have become familiar with his methods of examination and treatment. You should do this in all cases, if you do not know the consultant to be absolutely honest. For this reason a personal acquaintance with specialists is of great value to yourself. If you send a letter with the patient, be sure that there is nothing in the letter that you would not trust the patient to read, as in many instances it will be opened.

In this letter you may mention the financial condition of the patient, if you think that he is unable

to pay the specialist's regular fee, sometimes even stating how much you think he can afford. Some men, instead of stating the fee that they think the patient can afford, use a code word containing ten letters, such as Galveston. If the patient can pay only two dollars then an A is placed prominently in the letter.

Instruct the consultant that you yourself wish to treat the patient according to his directions, unless it be an operation case. If you do not do this he may continue treating the case, doing things you could do just as well, and meanwhile you are losing the accompanying fees. Of course, if you could not give the treatment you have no rights in the matter. Some patients will pay you for your time in going to the consultants with them, others will not.

In order to succeed in the profession, we must first be honest in every sense of the word. Remember, you are dealing with the most precious thing in human life—life itself. If you do not know anything about a serious case, call some one who does know. It is even better to be called a fool than to sacrifice a human life. Your name should be a synonym for honesty, and your word should be as good as your bond. People generally take it for granted that you are honest and for the most part do not suspect you of unworthy motives. Therefore, in any case in which there is any serious doubt in your mind as to whether you are treating a case properly or not, don't hesitate to ask for a consultation. If a different mode of treatment is likely to cure a

patient, you must secure it for him. The cases wherein you will make this error are few and far between; so do not be in a hurry to call counsel at the least change for the worse. On the other hand, in case the patient is a prominent personage and is seriously ill, it is often wise to have some one else share the responsibility by giving his counsel quite early in the case. Always ask for a consultation in any severe abdominal condition or as soon as you have made a diagnosis of appendicitis, obstruction of the bowels, fracture of the skull, or a membranous croup that does not improve. Generally it will be the friends of the patient who will wish the consultation. When you feel this in the air, when the people say, "Doctor, are you quite sure of so and so being the case," etc., forestall their demand by saying that you would be glad to have some one else see the case with you in consultation. They will naturally say, "Well, whom would you like?" It is well to appear broad-minded and announce that you would be glad to meet anyone whom they would choose, at the same time suggesting some one whom you know to be honest and experienced. The family will often wish their old family physician, in which case you must acquiesce. Certainly do so if he is a man of standing and good reputation. These facts you can find out by looking over his society membership in any medical directory. If you have good reason to suspect him and his motives, you can say, "As long as we are going to the expense, why not get a prominent man, a specialist or prominent

teacher from the city?" This will usually appeal to them. Nowadays it is seldom that there is much trouble in consultations. If a homœopath or eclectic be selected, consult with him and you will find that there will be very little disagreement in diagnosis and treatment. You may give his potencies with your own medicines. You will arrange with the consultant as to the time of consultation. It is customary that you should get to the house before the consultant. Go over the case again, carefully examining the patient before the consultant arrives. Do this lest a new complication or some hidden symptom has become suddenly apparent, much to your discomfiture when found by the consultant. Explain to the people that he should be paid then and there.

THE CONSULTATION.

In arranging for a consultation you should make the appointment, although at times the laity will take it on themselves to do so. It is nice etiquette for the consultant, chosen by them, to suggest that you be instructed to open the communication with him. This is not absolutely necessary, but it makes for a better feeling. How long should one wait for a consultant or attending physician? Unless something is known as to the cause of delay, not more than one-half hour should be thus wasted. In such a case the next consultation should be arranged for by leaving a note to that effect, or permission given to the consultant, should he arrive later, to ex-

amine the patient and to refrain from discussion before the friends or patient, and to forward instead a written statement to them, after he had discussed the case with you. Such a procedure is rarely followed, and everything should be sacrificed by both parties to be prompt at such meetings.

After the consultant has entered and mutual greetings are exchanged, you and he will go into another room; you then inform him of the details of the case. In entering the sick-room, the attending physician should have precedence. He should then introduce the consultant, and if he does not care to examine the case again, turn the patient over to the consultant. After a very thorough examination—and the attending physician should see to it that he makes a thorough examination, if he has asked for the consultation—both should retire. The consultant should not make any unnecessary remarks as to the disease, etiology, etc., or hint at the errors of the attendant before the patient. After adjourning to the room chosen for the consultation, the consultant should ask the friends to withdraw. This saves the attending physician needless embarrassment. Then the door should be carefully closed. Eaves-dropping is very common, and a sudden opening of the door will often be followed by rustling of skirts and slamming of the doors. High tones, whether in joking or otherwise, are almost always taken to mean that the consultant is scolding you. For this reason a subdued tone should be employed in conversation. Every word and move-

ment between you two will be watched until the consultant leaves the neighborhood. The consultation should not be too long, as the patient or his friends are apt to think that there is something very wrong with the case, or some lack of agreement. After you have agreed in the diagnosis and treatment, the attending physician writes any prescription necessary, at the dictation of the consultant. Then, if the case be a serious one and the outlook gloomy, the friends should be called into the room, and much diplomacy is needed in not alarming the patient by sudden withdrawal of the friends and by their reappearance with weeping eyes, etc. If the outlook, on the other hand, be good, the consultant and yourself may come into the room with the patient and friends at once. In any event, he should come into the presence of the patient before he leaves the house and make the patient as comfortable, mentally, as possible. The consultant will in presence of those responsible for calling him outline the etiology, diagnosis and prognosis, and the burden is then on him. Generally speaking, the more gloomy the prognostications are, the easier it is for you.

If there has been any change in treatment, it is seldom necessary that the medicines be changed at once unless it be of great import; it is better to refrain from ordering the new mixture for a day or two. In this way the miraculous change that sometimes follows a consultation—at least in the eyes of the laity—will not be credited to the new medicine

which, in their minds, the family doctor should have prescribed long ago.

Treat a consultation as a serious matter; it is a very serious matter to the patient. In many cases it is to him the same ordeal that a prisoner goes through when the jury retires to render a verdict. So do not joke with the consultant, and he should not do so with you. This is especially so when you are discussing the case in the ante-room. The patient and friends expect that your entire conversation shall be on this particular case, and they have a perfect right to the entire time and attention of both of you, because they are paying for it. Don't let the consultant wander off, but keep the conversation on the particular case in hand.

It is the consultant's duty to uphold you before the patient, unless you have been grossly negligent. He cannot be in a position to properly judge your past treatment, and should under no circumstances criticise you. If there be a disagreement in diagnosis, prognosis or treatment, it should not be emphasized before the patient or friends. If you are absolutely certain of your ground, you may follow your own line of treatment in conjunction with his, or, if necessary, call in another consultant. Don't appear to be hurt over any change in treatment, and don't throw up the case as a result of disagreement. No possible credit can accrue to you as a result of such a course. You may strut about with a more independent air, but it will not help you financially or otherwise.

The consultant should not answer any questions unless in the presence of the attending physician. When the doctors are firm friends, of course this rule does not obtain. While awaiting the arrival of the attending physician, the consultant should invariably refuse to hear a history of the case from the patient or friends.

Sometimes the consultant is asked to repeat the consultation as a matter of politeness or respect. It is generally good form to say, that he will be glad to come as often as the attending physician thinks necessary. He should never tell the friends to let him know how the case progresses.

In some instances, if he discusses the case with the attending physician again over the telephone, a charge is made for such advice.

Sometimes the friends will go to the consultant with the story that the attending physician does not properly handle the case. Rarely this may be true, yet the consultant should never step in in such a case, except in an emergency, and he should not suggest the name of any other physician, unless there be something grossly wrong. Such a procedure always causes ill-feeling against the consultant. Whether or not he should consult on the case with another physician is a nice point. Before doing so, he ought to communicate with the first attending physician. Sometimes the friends will call privately on the consultant and try to discuss the case with him. He should refuse to do this, but if he does, he is in duty bound to repeat all of the nice things that

he said in your presence, and then he ought to telephone you. In any event, criticism made by him then that he did not utter to the family at the consultation is malicious.

You will often be in doubt as to the proper consultant to be called in, *i.e.*, whether he be a medical or a surgical consultant. As a general rule, when in doubt, the medical man will have the larger viewpoint, but in almost all abdominal disturbances of an acute character the surgeon should be called first.

The consultant, aside from his scientific knowledge, should have three qualifications, namely,

Conscience,
Modesty, and
Professional honesty

toward his colleague. He should study the case without haughtiness and without absolutism. He should modestly listen to the views and opinion of the attending physician; he should avoid undue opinions which would place the family physician in a difficult position, if the disease progresses badly.

Anyone who sees a case with you in consultation should never undertake the case at a later period; he ought not to treat a case in the same family in strict justice. This rule is not applicable when the former family physician is called in, although he seldom will take the case. The second part of this rule is not applicable in small places, because, if there were a large number of consultations, the best practitioner might find himself en-

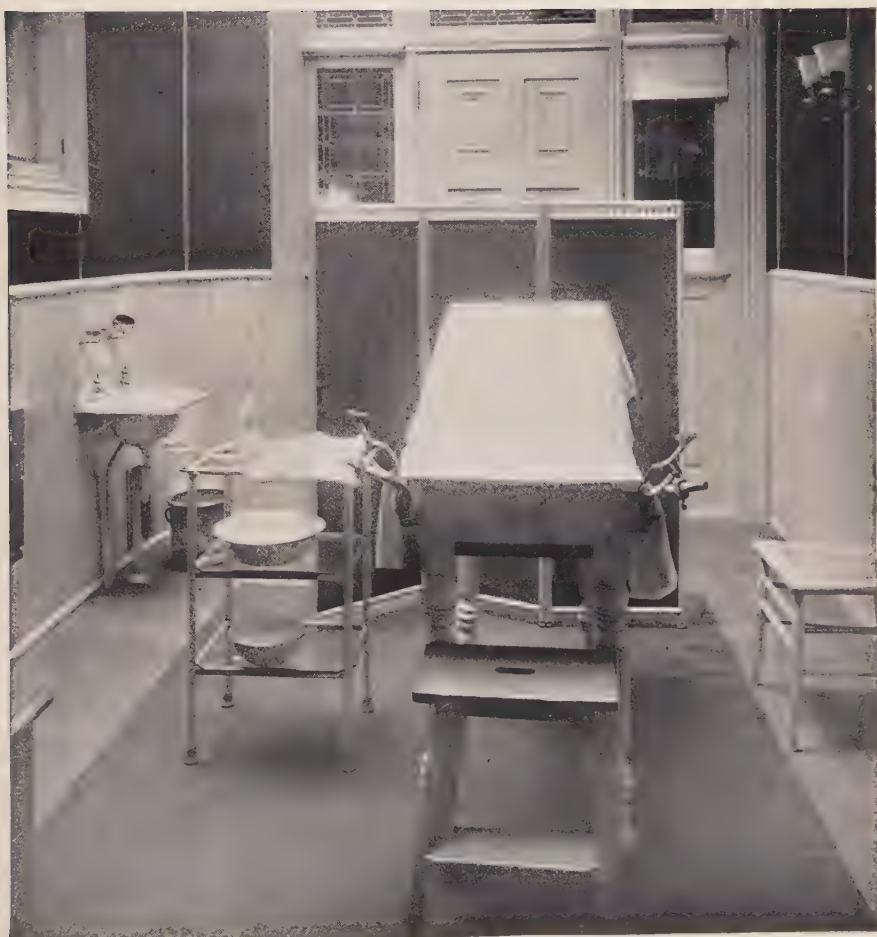
tirely cut off from the good families of the place in which he was called as consultant. It would, however, be very bad taste on his part to treat a case as a general practitioner in that immediate family within a year or so. Certainly he should not see the patient professionally within that time.

The case is somewhat different when the consultant is a consultant pure and simple, *i.e.*, one who does not undertake outside practice. In such a case, if the patient calls on him, he should notify you and send the patient back to you as soon as possible. He may treat members of the patient's family at his office, provided they are not under your care. A consultant should never, under any circumstances, take the place of the attending physician unless the doctor be incapacitated, or by special request of the attending physician.

CONSULTANTS.

Consultants may be divided into three general classes:

1. Those who limit themselves to office practice, and who see patients at their homes only as a consultant. For this reason they have no family practice. They are free to treat anyone who comes to their office, provided they have not seen the patient in consultation with another physician. They do not visit any patient except in company with the attending physician. There are not many such consultants, and they are to be found only in the large cities. Specialists, *i.e.*, those limiting their practice to cer-



Ideal examining-room of a consultant gynæcologist.

tain organs, in a measure follow the same course, yet it is not uncommon for them to see patients at their homes, provided they did not originally come to them through another doctor.

There is the second class of general consultants, who, while practising internal medicine, both at the office and at the homes of their patients, do a certain amount of consultation practice. This is a midway position, and such men strive to limit themselves eventually to the province of the first-named class. There is always some distrust of this class, because of the fact that their reputation as a consultant may give them an unfair advantage over the practitioner when it comes to his family practice. In most cases this distrust is unwarranted.

The average fee is \$10 at the office and \$25 at the house.

The third class of consultants are the old family doctors or your colleagues and equals whom you call in to help you out or to reassure the minds of the family and friends of the patient. The average fee for the third class is from \$5 to \$10 for a consultation.

Whenever a patient under your care calls at the office of a specialist or consultant, the specialist should notify you at once, explaining the case and the nature thereof. He should do this whether you send the patient there or whether he goes independently. Eye specialists are not so prompt in this matter and often treat members of the family

for glasses without notifying the practitioner. In such cases the omission is excusable.

To those of you who aim to become consultants, several avenues are open:

1. To climb the ladder through clinical experience, gained in general practice.
2. To lay such a complete foundation as a pathologist that the transition is easy.
3. To devote your time entirely in hospitals and dispensaries and laboratories, content to wait for years before you can make a living.

In former years the first avenue was the only way. To-day, many of our leading consultants have arrived by either of the latter roads. The way is long and the goal uncertain; but it pays well when success is assured.

In all professions, the higher up the ladder one climbs, the less the competition, and there is always room at the top, no matter how crowded the profession is in the main. In either case, your entrance to the medical profession will be by contributions to medical literature and medical societies. This will allow your brother practitioners an insight into the sort of work that you are doing, and they will consult with you as they measure your ability. This means from ten to twelve years of labor before a living can be obtained.

REFERENCES.

"Medical Ethics and Etiquette," Austin Flint, Appleton & Co.

CHAPTER XXI.

CERTIFICATES.

THE giving of certificates of one form or another constitutes an important portion of one's daily medical practice.

HEALTH CERTIFICATE.

The general form of health certificates is as follows:

This is to certify that John Jones has been ill and under my care suffering from..... which has confined him to bed for..... He has been incapacitated for this period.

Dr.....

In case you have not treated the patient, you can give him a statement to the effect that Mr. Jones has recovered and is now fit to go to work. As most of these certificates are mere formalities, which serve to keep a position open for the bearer, you will do well to give them freely. In most cases, if they are given independent of a call, you can charge an office fee. Always prescribe something when you give one to a person not already under treatment.

BIRTH CERTIFICATES.

Birth certificates must be filled out as directed by the local board of health within ten days after the birth of the child. This is quite an important matter, as in most States there are laws regulating

the age at which children may enter school and at what age they may go to work. Such age statement must be accompanied by a copy of the birth certificate.

DEATH CERTIFICATES.

Still-birth certificates are given in lieu of death certificates in case of death before delivery. Among the poor, if the child lives only a few minutes, it is the custom of many practitioners to give a still-birth certificate, because the cost of burial under such circumstances is much less than if a regular death certificate is filed. This is not altogether legal. Death certificates are given in all cases of death. In most cities you must be a registered physician and have been in attendance on the deceased at least twenty-four hours before death. Practically this rule is not enforced, if you are absolutely certain of the cause of death. In any case you must see the patient at least once, and some hours before death. If you are called in and find a patient dead, who has been suffering from a chronic disease and under your care, you may sign the certificate, even though you did not see the patient for weeks before death. However, you should instruct the families of such incurable cases to notify you when death is approaching, so that you can satisfy the law. When you are called in to see a dead stranger or one not under your treatment, you must notify the coroner's office at once. If you are positive that death has been due to natural causes, leave a note, explaining the

case to the coroner. Coroner's autopsies are seldom held unless there is some good reason. Don't get into trouble with the coroner, as it will cause unfavorable newspaper notoriety, to say the least. In large cities death due to certain causes, as erysipelas, contagious diseases, abortion, etc., must be explained before the certificate is passed by the health department. Avoid ambiguous terms.

The nomenclature as to cause of death, as devised by the board of Bellevue and allied hospitals, is now taken as a standard throughout the country. As pneumonia is so commonly present as a terminal infection, you can give it as cause of death, when you are in doubt as to the exact condition. Heart failure, old age and the like are no longer accepted as causes of death. In certifying as to age, inquire if there is any insurance, and unless there be apparent some wide divergence between the given age and the age on the policy, fix the age according to the statements given in the insurance application, as a disparity between these two is often the cause of much trouble in collecting the insurance.

INSURANCE CERTIFICATES.

Insurance certificates are of two kinds: (1) accident, and (2) death insurance. Accident insurance certificates are filled out in a liberal manner without any charge, providing the patient is under your care. Death insurance certificates are generally filled out without charge. If the sum is a thousand dollars or more, and if you are required to take an affidavit,

you should be compensated as for an office visit. In general it is better to forego the charge and have the good will of the relatives.

Don't charge for vaccination certificates when you have vaccinated the child; where you have not vaccinated the child, then you should charge an office fee.

REPORTING CONTAGIOUS DISEASES.

In all the large cities there are laws requiring the reporting of contagious diseases as they occur in your practice. You are not compelled to report them unless they apply to you for treatment. Always comply with this law. Under no circumstances should you conceal any serious contagion. If you do, and anyone loses his life through your negligence, you are morally guilty even though the law does not hold you responsible. People will often importune you to refrain from reporting such diseases with all kinds of reasons: that their business will be destroyed; that they will lose their position, their graduation, etc. Remember, that the same people, whether they are saints or sinners, will be the first to tell their friends what you have done, and these will all expect like treatment. They will tell you that Dr. So-and-So, your rival, does not notify the authorities (this may be the truth, but it is more likely a lie). They do this with the object of working on your jealousy and for this, if for no other reason, be firm. Their protestation as to the care they will exercise has nothing to do with the law.

Explain to them that the law may be so severe with you as to cause the forfeiture of your license. Also point out the injustice to others.

If through negligence you fail to report a case of this kind and the child dies you will probably receive a note from the Health Department asking for an explanation. In some cases severe fines are imposed. In case of concealing wilfully smallpox a fine of \$250 may be imposed. If no diagnosis has been made, of course no charge can be made against you.

CHAPTER XXII.

PROGNOSIS.

IF possible avoid the giving of a prognosis, as it is the most difficult part of medicine. Always make one, however, in your own mind, as it will be of splendid training for your future work. You can often prevent questions as to prognosis by having ready, as soon as your examination is finished, such questions as minute inquiries as to bowels and urine, or some other similar questions, so as not to allow the patient or his friends a moment to quiz you. Then you can get up and get out before anyone has a chance to collect his thoughts to ask you as to the future. If the ailment will require a few weeks to clear up, do not hesitate to say so, but it is better to give more or less indefinite answers as "Quite some time," "Much depends on the vitality" or "on your urine examination," "Can tell better in a few days," and the like. The question that the people are mostly concerned about is whether the illness will be fatal or not. If you feel quite sure of his safety, whether asked or not, do not hesitate to volunteer a prognosis as to that feature.

In making prognosis be exceedingly careful; it will add much to your reputation if it becomes well known that, whenever you assure the people of a favorable ending, the patient and his friends need have no fear as to the outcome, but that when you



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predict a fatal issue, it comes to pass and nothing will save him. This reputation can best be secured by the beginner, giving the fewest possible positive prognoses. With some of the nations of North-eastern Europe, a positive prognosis must always be given by those who practise among them.

Never promise absolute cure at once. On the other hand, never condemn any patient to death under any circumstances. Imagine yourself condemned to the electric chair; the case of telling a patient that he or she will surely die of the diseases is almost a parallel one. Don't say to a patient "You have an incurable disease." Pathologically it may be, yet how many of us have been deceived when we judged life from the pathologist's dictum. In extremely bad cases, or in cases of progressive pulmonary tuberculosis, etc., you can get behind the delphic statement that you have seen cases much worse recover and, on the other hand, cases not so bad pass away. Then take care to point out any good features in the present case. Seldom give a gloomy prognosis, because the family will certainly get frightened and will call in their old family physician, who will generally reverse the prognosis and yet the patient may succumb as you predicted, the family not feeling bitter toward the other man because he did not give their minds any anguish. They may be so ashamed of themselves in doubting you that they would rather try another physician in preference to yourself. In the meantime you have lost the fees attendant on the case. The laity do not judge physicians by the

same standards that we do and the credit of an accurate prognosis is seldom appreciated by the laity unless it be made very striking. A wrong favorable prognosis is not so serious in its consequences, provided you have not made light of the disease and treated it as though it was a simple disorder. You can always explain that the disease took an "unexpectedly bad turn," "one that could not possibly be foreseen." People will say that you did not want to alarm the patient, something else happened to bring it about, etc. Unfortunately, a bad prognosis which turns out wrong makes one ridiculous. We all hear of Mr. X., whom Dr. S. or some other great light condemned to death years ago, but who has survived the physician many years. The favorable prognosis has a real therapeutic value, and by buoying up the patient may actually help to turn the tide in a favorable direction; whereas the gloomy prognosis will either have the reverse effect or send the patient to the quack, whose sole stock in trade is his ever helpful promises. Try to cultivate a spirit of optimism. You should try to cultivate hope in your patient; look on the bright side of things. This does not mean that you should not throw an anchor to windward in all doubtful cases.

Coleridge considered him the best physician who inspired the most hope. The hopefulness and optimism of the physician do far more than cure feeble minds and faltering wills. They assist in the cure in every disease he encounters. Elder Flint writes, "Undue solemnity, anxiety and apprehension in the

look, manner or words of a medical attendant on the sick are extremely unfortunate; they discourage patients; whereas, on the other hand, a cheerful mien, calmness of deportment and verbal animation, sometimes accomplish more than drugs."

Most people appreciate the fact that you can tell them what diseases they have had without asking the question. This does not apply to venereal diseases that the patient may have had. If you see an eye the result of gonococcus infection or a syphilitic lesion anywhere, do not say anything as to its cause if you wish to retain that person as a patient. Of course, if a patient bluntly asks you if he is going to get better and you feel absolutely certain that he will not, you are in duty bound to tell the truth. Honesty is always the best policy.

PROGNOSIS OF DEATH.

One of the most difficult parts of prognosis is that relating to death itself.

If a patient with hemiplegia does not recover consciousness within twenty-four hours, he will die. Prolonged unconsciousness is generally fatal.

Pulmonary oedema in most cases means death.

Lobar pneumonia with Bright's disease is generally fatal. In fact, nine-tenths of the pneumonias over sixty years of age are fatal.

If a very sick patient in his delirium wants to go home, be prepared to give a dark prognosis.

The desire to move from bed to bed is regarded as bad luck by the laity and is combated by the

friends. This is doubtless due to the fact that as patients near death they often wish to change beds.

When a patient has lost one-third of his body weight, he seldom recovers.

In coma, death is almost always preceded by disturbed respiration for a period of several hours. In coma, when the pulse remains the same over a long period, then the respiration, its character and frequency, offers the best means of foretelling the outlook for the following ten or twelve hours.

CHAPTER XXIII.

DIAGNOSIS.

ON leaving the patient's room or house, you will be waylaid by anxious friends. Don't say much to any of them who are not members of the family. Give them indefinite answers in a cocksure manner; say he is quite sick, quite bad, he is about the same, etc. In some cases you may say: "Excuse me, I must not talk of my patient's illness," or in making a prognosis to them you can say that nine out of ten get better, etc. The best way, however, is to let them do the talking and for you to shake your head wisely.

Never say to a patient under any possible circumstances: "I do not know what is the matter with you," or "I don't know what else to do." Imagine, if you can, a pilot at sea who has lost his course for a day or so, going about among the passengers, saying, "I don't know where we are." He would be considered a fool. Any sensible man would go on and say nothing for a day or two, till the storm would clear up and then he could take his bearings. So with your case. Let it run along for a day or two and the diagnosis will gradually clear up. In the meantime you will have read up everything possible bearing on the subject.

When you have made a diagnosis, stick to it and don't seem uncertain or wabbling; don't mutter to yourself, "This looks strange" or "That is queer;"

be always cocksure before the patient. With yourself you can study the case as much as possible. Certain races demand positive pronouncements as to disease. Such definite statements you know are impossible; yet these people will not be satisfied otherwise. The positive man will get the practice among them, and his statements had better be optimistic.

Above all, do not talk much. More harm comes from too much talk than anything else. By this I do not mean that you should not explain things as far as possible, but it is not possible for a layman to grasp all of the intricacies and inconsistencies of medicine without a foundation knowledge such as you possess. In talking to patients, don't leave the domain of medicine; that is your own specialty and stick to it. The average physician becomes a fool only when he dabbles in other matters.

If in the course of an examination you find an organic disease or abnormality, you should not conceal the diagnosis unless the patient is moribund or hopelessly incurable. Even then such a course is questionable; you may perhaps feel that it is cruel to tell the truth, but your clients will seldom appreciate your discretion. They come to you as to a mechanic to find out what is the matter with them, and they do not expect that you will deceive them. You needn't say that it is going to be fatal. In fact, you must paint a hopeful picture. How can you tell whether it is not best that the patient should know his true condition? No one knows another's mind

so well as to make such a judgment. Perhaps there are many things in his life that would be changed if he knew of his danger. On the other hand, the tumor, which is not causing any symptoms and which you discover on a routine examination, may not trouble the patient for months or years, yet it may do so in a few weeks. But when it does cause pain or mayhap become malignant and Dr. So-and-So discovers it, you will be blamed for not finding it. Don't think to spare people in such matters, with the possible exception of an inoperable cancer. In such a case you must inform the relatives of the hopelessness of the condition. Everyone has seen the following occurrence:

An old family practitioner who has slaved and served a family for years finds an organic lesion in one of its members which he believes will cause needless worry if he reveals it. He feels that he can tide the patient over the minor complaint and feels strong in his position as the family adviser. After a visit or two the patient goes to another doctor who discovers the lesion and gets all of the credit. All of the former services of the family doctor are forgotten and the family runs after the new god.

Announce all of the abnormalities found. If you find a heart murmur that is not causing any trouble, explain that it is not dangerous heart disease. When you see enlarged tonsils, adenoids, extensive prepuce, etc., call the attention of the patient or parents to the fact. However, do not insist on the patient having these things operated, unless it is suggested by the patient or parents themselves.

CHAPTER XXIV.

ERRORS IN PRACTICE.

IF after treating a case several days or a week, you are certain that the diagnosis is erroneous, begin to break ground for a change in diagnosis, saying that you believe something else is developing. After a few days announce the new diagnosis. You will do this to satisfy your own *amour propre* in case counsel is called as much as any other reason. Don't forget that any patient may actually suffer from two or more diseases at the same time. At all times try to cultivate an inscrutable face, so that nothing surprises you—the *aequanimitas* of the ancients.

If by any chance you have made an error, either in diagnosis or treatment, do not be overanxious to admit it. Don't say anything; certainly do not volunteer the information that it was your fault. You are infallible to most of your patients. You may think the people applaud your candor and sincerity, but they will always treasure your mistakes up against you. When they become your enemies, you will hear to your mortification of how you yourself admitted such and such an error. Everyone makes errors and mistakes, but they don't tell the world about it. Honesty and candor are not synonymous terms. You should be honest, but honesty does not imply that you must unnecessarily expose your

weaknesses to everyone. If a patient dies suddenly under your care, or after you have given a new medicine or performed an operation, go to the house, presumably in order to sign the death certificate, and shape the conversation so as to defend yourself, before they have had a chance to spread the ill news. In this way they will not be so ready to accuse you when they see that there are two sides to the question; above all things, do not seem scared or solicitous over the matter. The layman does not view mistaken diagnoses and treatment from the same point that we do. Often when we think we have been very successful and clever in our diagnosis and treatment, the opposite view is held by the patient and his friends, and, on the contrary, when we feel guilty of a grievous error everyone in the family lauds us to the skies.

CHAPTER XXV.

DISPENSING.

THE ideal method of practising medicine is for you to write the prescription and have it compounded by a competent druggist. In the large cities, these conditions are generally fulfilled. In the smaller towns and in some parts of the large cities, circumstances are such as to make this arrangement impossible, and the dispensing of tablets or liquids by physicians themselves is the rule. At your first call among your medical confrères, find out if they dispense themselves. If they do not, of course you should not be the first to begin it. If you find that any large percentage of them do so, you will be very unwise in attempting to do otherwise. This is especially true as far as office dispensing is concerned. In places where there is any dispensing done unless there is a druggist in the immediate neighborhood who is sending patients steadily to you it will be better to dispense some of your own medicines. In these days of tablets, there is little trouble in doing this. You can buy enough tablets for use during emergencies for \$10. These, with a thousand pill boxes or envelopes, complete your equipment for office dispensing. Leave the liquid and ointment work to the druggist unless you are living in the country where there are no druggists. No matter how unsatisfactory your consul-

tation may have been to the patient, he goes away with something which may do him good. He may not think your advice is worth the cost of the recipe, or he may think he does not need it; but if he has the medicine he will take it, and much more regularly in tablet than in liquid form, and if any good results therefrom you will get the credit. Do not think for one moment that it is only the poor who like to get their medicine in this way; many men whose practice is almost solely among well-to-do people dispense much of their own medicines. The patient feels reasonably sure that the medicine is certainly pure and that there is no substitution, such as is done by many supposedly reputable druggists. The public has had its confidence in druggists severely shaken by the phenacetine exposure of a few years ago, and by the frequent investigations made since then. Indeed, the general public knows more about us and our profession than we believe.

The dispensing of tablets enables one to give something for several ailments. At the same time, most patients come complaining of three or four distinct ills—say, constipation, indigestion, muscular pains. Give such a one three prescriptions, and he will take the one that looks the biggest, with possible slight relief and you get no credit. If, however, you give him a tablet for the constipation, another for the indigestion, and possibly a prescription for the third complaint, you will surely relieve one or two, and possibly all of these troubles, and he will praise you correspondingly. On the other hand, if

forces the patient to come back to you for the medicine, so that you get the money instead of the druggist. It also prevents him handing over good prescriptions to all of his friends.

There are some patients who are not satisfied unless they receive liquid medicine. Dispensing liquids requires considerable labor on your part. The large pharmaceutical houses now put your stock prescription up in labeled bottles at an average price of 10 cents for a two-ounce bottle. Some physicians write out the prescription for this and then charge the patient a sum averaging 25 cents for a two-ounce mixture. Others do not charge for medicine. Of course, should the patient at any time request the prescription for the tablets or liquid that you gave him, you should give it to him. Oftentimes you will get a hurry call to go out during office hours. A few tablets given to the messenger will relieve the patient and hold the case until you can go. The same procedure will often save you from going out during the night.

CHAPTER XXVI.

RELIGIOUS RITES, ETC.

IN Roman Catholic families there are four religious rites that you must always keep in mind: (1) baptism; (2) holy eucharist or communion, (3) penance, (4) extreme unction. According to the Catholic belief, baptism is a sacrament by which the child is cleansed of original sin. This sacrament can be administered by *anyone*. It does not matter what your religious belief may be; any human being can administer it. It is better for you to do it, as you are the executive officer. Usually when it is required in emergencies it is done as follows:

You must pour ordinary water, whether sterile or not, on the child's head, saying at the same time that you are pouring the water, "I baptize thee in the name of the Father and of the Son and of the Holy Ghost." It is essential that every word of this formula be uttered; be careful not to omit the "ofs," as is frequently done.

In all cases of difficult labor be prepared to administer it. If you feel that the child is likely to die before delivery, try to reach the head with a glass syringe filled with sterile water; while injecting, repeat the formula as above. If for any reason you cannot reach the child's head, then the water may be poured, or, better, injected, by means of a

fountain syringe, the nozzle of which is pressed against some portion of the surface of the child, and while the water is running, say, "If thou canst be baptized, I baptize thee in the name," etc.

Whenever you are in any doubt as to the survival of the child, soon after labor administer it without delay. It can do the child no possible harm. If there is no great hurry and yet there is danger to the child, have the family call the priest to administer it. Of course, there is more ceremony attached to it by the priest than I have outlined, but that is the essential part. All of this may seem of little value and importance to you, but experience will show you that most Catholic families prize the fact that the child has been baptized before death beyond thousands of dollars in money value. If you have been instrumental in accomplishing this, you will disarm any unfavorable criticism resulting from the death of the infant.

The holy eucharist and penance are given together in all cases of illness. After baptism, penance is the most essential sacrament. In penance the patient confesses his sins to the priest, and must, therefore, be conscious when it is administered.

The holy eucharist consists in the administration of a wafer of unleavened bread about the size of a silver quarter. The church teaches that this wafer properly sanctified is the body of Christ. It is administered shortly after confession. When possible the patient should be fasting from the night before, although this is not insisted on when the fasting in-

volves a great hardship, or if there is immediate danger of death.

The sacrament of extreme unction is usually administered only once during a single illness and then only when there is danger of death. Its aim is to give the patient strength and grace for death. It may be given to the unconscious patient. The priest recites several prayers and anoints the body in various places with holy oils; hence it is sometimes called anointing.

In any case, if the patient be a Roman Catholic, whether he be a church-goer or not, if there is any likelihood of danger of death you will do well to suggest the advisability of calling the priest to see the patient. The friends of the patient will appreciate this and thank you for it. Don't wait until the patient is unconscious. The presence of the priest never does harm; often, on the contrary, the calm and quiet following his visit has a good effect on the patient's condition. Aside from the spiritual standpoint, the Catholic Church forbids the burial in consecrated ground of those who fail to live up to her laws. This causes much anguish in the minds of the friends and relatives of the deceased. Never antagonize any clergyman in a sick room, whatever his creed or religion may be. It is very rare that what you are doing for the patient is so important that you cannot wait a few moments until the clergyman has finished. If he happens to be a self-opinionated, irritable creature, then that is all the more reason for your forbearance, as he may be the means

of doing you far-reaching harm by his antagonism.

If you provide for these deathbed sacraments, your wrong prognosis will generally be forgotten. If you fail to do this and the patient dies without the attendance of the priest, no amount of explanation on your part will relieve the minds of the friends as to the eternal safety of the soul of the deceased.

Remember that those of religious beliefs, other than Catholics, often wish to see their clerical adviser.

CHAPTER XXVII.

OBSTETRIC CASES AND EMERGENCIES.

THERE are certain groups of cases and emergencies, the handling of which often goes to make or unmake a beginner. It is not my intention to tell you how to treat these cases, or what medicine to use, but to point out the usage that is commonly employed by most successful doctors. These emergencies mean so much to the young man that he should be prepared to handle them, so as to protect himself as well as the patient. The most frequent of these emergencies, and the largest factor in the practice of many, is the maternity case, and the successful handling of the patient and friends is of paramount importance.

Some fine evening there will be ushered into your office, accompanied by a patient of your own, a pregnant woman. On such an occasion it is well to look pleased and be very cordial. After a few preliminaries as to the weather, etc., begin by asking her when she menstruated last, when she first felt life, etc., and then announce when labor is likely to take place, being careful to say that all of such estimates can at best be approximately correct. Examine her carefully, her breasts, etc. In country places the primipara is very loath to submit to a vaginal examination. Do not expose the patient

under any circumstances, nor cause any pain. If she is very timid and sensitive, examine only externally the first time; later when you have her confidence make a vaginal examination. In all such examinations be scrupulously clean. If the clothing must be elevated, throw a sheet over the patient. After examining the breasts and giving general directions as to the bowels, stomach, urine, etc., take up the nurse question. It will save you much time and worry, if you will early in your practice make up a list of nurses at various prices and qualities. If the patient is a primipara insist on a good competent nurse. In most of the families of your early practice the nurse must cook and keep house, as well as care for the patient. Such nurses receive from \$8 to \$15 per week. Often the patient has already engaged a nurse before she comes to see you. It is well not to be too insistent on a change under the circumstances, because the one she has already engaged will probably discredit you and induce her to have another doctor should you object to her presence.

After you have finished your examination, assure her that everything will be all right. In the multipara it is not often necessary to examine the patient. The patient will now ask you your fee. If she does not, you may make a suggestion that some financial understanding should be had. If you know the people, this is not a necessity. The question of the size of the fee must be decided by the custom of the neighborhood. A man who earns but \$15 per

week can scarcely pay much more than \$15 for a confinement.

If she cannot pay the fee, take the case at whatever price the family can afford, explaining that you do it as a favor. Obstetrics supplies the kindling wood for the fire of your future practice. However, do not make it a practice of underbidding for it; poverty of the patient is the only reason for lowering your price.

A large clientele among primiparæ in the first years of your practice, although it is a severe strain at the time, makes the professional path easier in later life. It is well to seem anxious to take a labor case as women then think that you take a special interest in that kind of work.

After the fee question has been settled, write down the name and address of the patient and date of expected confinement in your visiting book; also make a duplicate copy of this on the back of one of your visiting cards; give it to her and tell the patient to send that card when she goes into labor. Instruct her that (when the labor pains commence) she should send for the nurse at once; also, if it is during the day, that you should be notified, so that you will be ready in case you are needed. When the pains come every five minutes, in most cases of primiparæ labor is still three or four hours off; in multiparæ, in one to two hours. Explain this to the patient that she may not be alarmed, and that you are not needlessly disturbed at night.

Have the urine sent regularly and explain the

importance of this; otherwise, you will find it generally neglected. Some men even go so far as to send postals reminding the patient of its failure to arrive at the appointed day. This appointing of one day in the week to send the urine is a great convenience when many urines must be examined. Also give the patient a list of the very few things that are necessary for her to have, as boric acid, cotton, etc. Tell her how to make cheesecloth and cotton napkins and instruct her to come to you at the least sign of disturbed vision, persistent headache and dizziness.

In the early days of your practice, with time hanging on your hands, it is well occasionally to drop in on your pregnant patients when in their neighborhood. They think a great deal of it. Stay long enough only to inquire as to their functions, etc., and make no charge.

When called to a labor case, go at once. If you have an obstetric cushion, take it along. It makes a friend of the nurse. Take your bag containing chloroform, ergot, some antiseptic, a fountain syringe, sutures, needles and holder, and a pair of obstetric forceps; sterile gauze in the shape of sealed bandages, or otherwise, a scale for weighing the baby, and a pair or two of sterile rubber gloves. On entering the room be as cordial as possible; speak to the woman for a minute or two and then clean up. Rubber gloves often save the busy man the time spent in scrubbing up. Then instruct the patient to lie down and cover her over with a sheet;

reassure the patient that you will not hurt her, that you will be as gentle as a child, etc. Go slowly; determine the frequency of pains, etc.; the bag of waters, condition of bowels, urine, feeling of life. Now, if the case be a primipara and the os be dilated to admit one finger, you can make up your mind that labor is at least ten hours off. If the os be the size of a silver dollar and fairly thick, it is at least from three to four hours off. In a multipara, when the os is the size of a silver dollar with frequent pains, it is better to stay with the patient. If the os is small and only admits two fingers in a primipara, tell her that everything is all right, but that it will take some time. The less said as to the length of time, the better, for if you say two hours and it is longer, you will hear that two-hour story a dozen times, or more. If you believe it is a question of three to four hours, you can go home, telling them that you will return at such a time, and then come promptly.

Always be pleasant, no matter how irritable the people are. In primiparæ when the os is small and pains frequent, sleep and much needed rest will often follow a good sized dose (gr. $\frac{1}{4}$ —gr. $\frac{1}{2}$) of morphine hypodermically; chloral and bromide will do much the same thing. In multiparæ with slow pains every fifteen minutes for a day or so, with no obstruction, a 15-gr. dose of quinine bisulphate will often hurry matters along; pressing on one side of the clitoris or turning patient on the side will frequently start a pain. After waiting

sufficient time and no progress—with the formation of a small caput, it is well to say, that “if something doesn’t soon happen, we will have to think of giving you chloroform and delivering with forceps.” Do this about half an hour beforehand to let the thought of relief filter into the patient’s mind, and she will cry for the forceps. Before doing so, explain to the husband and her that you do not wish to apply the forceps, but that the mother’s strength is fast giving out and it is mostly for her sake you are doing it. At the same time there is a swelling on the child’s head which shows that the pressure inside is acting badly on the child and that it is necessary to do this to save its life. Explain that you have waited long enough for nature, etc.

The application of forceps or version always adds to mortality and to the morbidity of the child, and if you do not fortify yourself this way beforehand you will be blamed if the child is born dead.

When all preparations are made, the question arises, “Shall I call for another doctor?” Do this by all means, if it is possible to do so; otherwise, by means of a sheet over the patient’s head tie the patient’s legs in the lithotomy position and have the nurse administer the anæsthetic. The anæsthesia should not be very deep. If you anticipate no trouble in putting in the forceps, sometimes the husband can hold the legs. It is generally better to have strangers do this. If the family are Catholics, have some sterile water and when the head appears baptize per formula on page 223. Explain



Arrangement of bed, table, and chair for normal labor.

this to the mother before anæsthesia and to the family afterwards.

Be always prepared to sew and do most of it if possible before the delivery of the after-birth, as the patient is not very sensitive then. If much sewing must be done, it is better to wait till the after-birth is removed and reanæsthetize the patient. Be sure that the child cries well. If another doctor has been called in, find out what his charges are; \$5 or \$10 for the anæsthesia, or more, if he had much to do. Call the husband aside and tell him to pay this man now as he is a stranger, etc. He will ask you, "How much?" and you can ask the doctor then and there in front of the husband and see that he is paid, otherwise it may come out of your pay.

If the case progresses normally, when the head begins to appear at the perineum, instruct the nurse to administer chloroform at each pain. Let her give just enough of it to rob the patient of acute consciousness. As the head comes out further increase the anæsthesia, so that at delivery she is just unconscious, then stop it. This little procedure will do more to spread your fame than any other thing in the obstetric line. It should be perfectly safe. In some cases you can do this yourself with the left hand and guide the child's head with the right hand. After the cleaning-up process, always weigh the baby; examine it, and leave directions with the nurse. It is well to call on the same day again and see that the urine is voided. Some patients must get up on the floor on a vessel before they succeed in passing

urine. It does no harm. At each visit do not neglect to look at the baby and make at least a superficial examination. At the end of the delivery compliment the nurse on her care, etc. Within the next forty-eight hours she will have sung an accompaniment of your praise to that of your patient to a dozen or more women. On such occasions all women seem more susceptible than at other times and lasting impressions are easily made.

On the day before your last visit, tell the patient that you will make your last call on the following day. This will be a strong hint to her that you expect to be paid then.

Emergency obstetric cases are notoriously poor pay. Endeavor by all means to be paid before going out to such cases. If this is not possible, go anyhow. Try to get some money at the delivery of the child; you will seldom get any at a later period.

If a circumcision is necessary, say so, and if the people wish it done, do it while the nurse is still on the case.

AN ECLAMPSIA.

When called to see a patient who is suffering from severe uterine hemorrhage or eclampsia, at once send some one out for another doctor; such cases require the activities of two doctors. Have a definite plan in mind to meet the emergency. If it be an eclampsia, administer chloroform during the convulsion and give an enema of chloral and bromide, keeping the patient under anæsthetic until

the chloral acts. After you have done this, you can follow any course of treatment that you have been taught proper for such conditions.

HYSTERIA.

When called to a case of hysteria, don't waste time asking questions, but as soon as you make your diagnosis give a hypo of apomorphine, gr. 1/20 to 1/12. Don't make fun of such cases, nor speak crossly; they need just as much gentleness as any serious case. Cold water showers during the convulsion will prevent their ever sending for you again, and you lose the case by such a method.

CHAPTER XXVIII.

ABORTIONS, ETC.

WHEN called to a miscarriage, don't call it an abortion, although technically it may be called so. Before you do anything, say in the presence of a third party: "Of course, this is a miscarriage," as then no one can say that your examination resulted in the production of the miscarriage. After thorough antisepsis, an examination should be made.

It is a curious fact, that once a woman confesses to you that a criminal abortion has been performed, she rarely likes to meet you again; she generally feels guilty, if there is any honesty in her makeup. For this reason she is very apt to send for another doctor, whenever there is any other sickness in the family. So it is well never to appear to think that the abortion was produced unlawfully. Of course, some women resort to it so often that they think nothing of it; but most women feel that it is wrong and they do not like to have you think that they could do wrong. They reason that you, knowing that they have once done wrong, will naturally think them likely to do wrong in other things. At least that is one explanation of why such people move out of a neighborhood and change doctors.

After finishing your examination, it is well to call the husband aside, or else in the presence of the wife tell him of the condition. Elaborate on the

dangers, if you believe it to be a criminal case. Then, if the os be open, tell him that you are going to try to remove the after-birth, which is causing pain and bleeding. Do so as far as possible manually. If you fail to remove it, pack the uterus and vagina. This should be done in any case if the bleeding is at all severe; a 2-inch sterile gauze roller bandage makes excellent material, as it is so easily removed. A bent tablespoon will often serve in the absence of a speculum, and a pair of long scissors for a forceps. If the pain is severe, as it often is before the os is opened, give a hypodermic of morphine (gr. $\frac{1}{4}$) and you may go home and rest. If the bleeding has lessened considerably, leave a prescription for 1 teaspoonful of ergot every 3 hours. Explain that doctors do not desire such cases on account of the unpleasant notoriety that may follow, if the case should take a serious turn.

If after the manual curetting the discharge does not stop nor the pain cease, it is well to suggest a curettage under ether. Insist on it the next day, as after a thorough cleaning of the uterus the patient should be free from pain and discharge. If you feel the least doubt as to the safe outcome of the case, by all means call in counsel. You should do this in any event if the temperature and pulse remain high after you have cleaned out the uterine cavity. A prominent obstetrician naively suggests calling a coroner's physician as consultant.

Your consultant should be a friend of your own. Explain to the people the necessity of such consul-

tation. Ask them to pay him at once. If they will not agree to this, bring in a friend anyhow for your own protection. This will help you if there is any trouble with the coroner's office. The best safeguard in such cases is a good clean reputation. If the patient is moribund, have the coroner take the ante-mortem statement and be present when he does, so as to protect yourself. Many physicians insist on a consultation in all such cases when the patient is a stranger. Fortunately most abortions occur within the first three months and are seldom serious; after the third month there is much more danger.

Do not tell the neighbors that Mrs. S. has had a miscarriage. Be sure to inform one or two of the immediate family members that such is the case, or have the patient tell them in your presence. If you are afraid that some odium may be cast on yourself by reason of your attending her, you may cause the patient to also sign a paper, acquitting you from all participation and mentioning the name of the guilty party.

Some evening about dusk a young woman or perhaps a married lady will be ushered into your office. After one or two long breaths, and while furtively casting her eyes about the office, she will inform you that she has been run down and has missed her monthly period; she wishes something to bring her around again. Be suspicious at once.

It is not necessary for me to expatiate on the fact that under no circumstances whatsoever should

you yourself be guilty of this foul crime. It is always a murder. The woman may be excused—no one else can possibly be so, when you are consulted on this matter, as you surely will be, by some woman; be she married or single, prepare at once to answer "No." She will give you the best reasons as she sees them; they are all as old as humanity: that she cannot afford it; that her husband will drive her out; that her former physician said that she would die if she had another baby; or, if she is unmarried, that she will kill herself first; that she will be an outcast, etc. Sympathize with her, if you will, but always firmly say "No"—that you do not believe that any medicines are of any use; that you would not know how to do the deed anyhow.

No matter what the tears, the money, the friendship may mean, say "No." I do not say this alone from any moral standpoint, but never has a man achieved success, so considered by himself, who has ever done otherwise; once this crime is done the descent to inferno is easy and we have thousands of such wrecks on that highway. Some men do amass considerable riches in this way, but without exception they are unhappy and generally lose it. When a nervous woman comes to you, saying, "Doctor, I am five days overdue, I am worried and want you to do something for me," etc., she does not really believe that such an early pregnant condition means a life, but you in your own breast know that one day conception is the same physiologically as a three or nine months' pregnancy. When such a

woman comes to you, she is probably a good patient, the mother of a family you have attended, and you may think that you are going to lose the family if you do not do something for her (this is rarely the case). Do not sit down and write a prescription for her, but explain that such a passing of a period is quite common in married women (she will shake her head at this and say: "It is not so with me"); assure her that this often occurs, and that there must be a first time in all such cases; that there are no medicines that will bring on the menstruation, if it is a true conception, but if it is what you believe it to be, viz., a rundown condition of the body, that a five-grain Bland iron pill taken three times a day for two or three weeks will bring a return of the menses. Don't give a prescription, but tell her to get fifty or a hundred such pills. I have known good men to get an evil reputation in neglecting this simple expedient. They have given a bottle of some harmless tonic or a prescription for the same, and the woman has menstruated as she would have anyway; as a consequence, the patient with a knowing wink has told all of her neighbors that her doctor gave her something that has brought her around. When these neighbors wish to avoid the ordeals of pregnancy, they naturally will come to the specialist who brought Mrs. So-and-So around—much to your mortification. Your confrères will hear of such things, and if you have not a perfectly clean reputation they will despise you and by their sneering smiles at the mention of your success show that the

dollar or two you have received is a grain of sand compared with the mountain of evil in the shape of a shady reputation that results from this indiscretion.

Don't send a patient who desires an abortion committed to a man whom you know is an abortionist. If you do, you are just as guilty as he who does the abortion. If you are asked to recommend some one who does this work, say that you have no dealings with such a man.

After having failed to work on your sympathy, your patient will try to pierce your armor of integrity by working on your jealousy, announcing that your neighbor, Dr. So-and-So, does it and that she will go to him or to someone else. Don't be intimidated. Better a thousand times to live on bread and water than to have all sorts of money, with the consciousness of the fact that you are a murderer. You may explain to your patient that anyone who will commit murder for money or out of sympathy, will do the same thing to herself for the same motives. To physicians, in the last analysis abortion and murder are synonymous terms—all drivel with which guilty people like to console themselves, such as that there is no life until the fourth or fifth month, to the contrary notwithstanding. Remember, that people who want this sort of work done are never lasting patients; their lack of moral principle implies a lack of any other form of loyalty.

A woman, after she has recovered, despises in her secret heart such a man and cannot believe in

him; thereafter she will seldom trust her children's lives in his care for any lengthy period.

A trick sometimes practised on young doctors is this: a woman who finds herself pregnant will call and explain that she has some female complaint; she will deny that she has missed a period. In the course of the examination, if you fail to pass a sound in the uterus, she will be unsatisfied and will ask you to do so to be sure that there is no tumor there, etc. So make it a rule never to put a sound into the uterine cavity unless you are sure it is empty. Catheterization of the uterus, the fitting of condoms in the uterus, fooling women by telling them that you have tipped their womb, etc., are all of them degrading and morally wrong and no good practice has ever resulted therefrom.

CHAPTER XXIX.

THE DOCTOR AS A SPECIALIST.

PATIENTS appreciate anyone who shows that he takes an interest in their case, by his thorough examinations. They like to see one earn his fee; they can seldom understand that his writing a few words on a piece of paper is value received for their money.

The only way to make your profession pay a fair return is to practise all of the specialties.

Learn to perform the four or five general operations that are necessary for most cases of nasal surgery, *i.e.*, removal of turbinates and polyps, the straightening of the septum, tonsillectomy and adenectomy.

In the eye, the opening of the nasal duct; the removal of a foreign body from the cornea and the measurement of glasses.

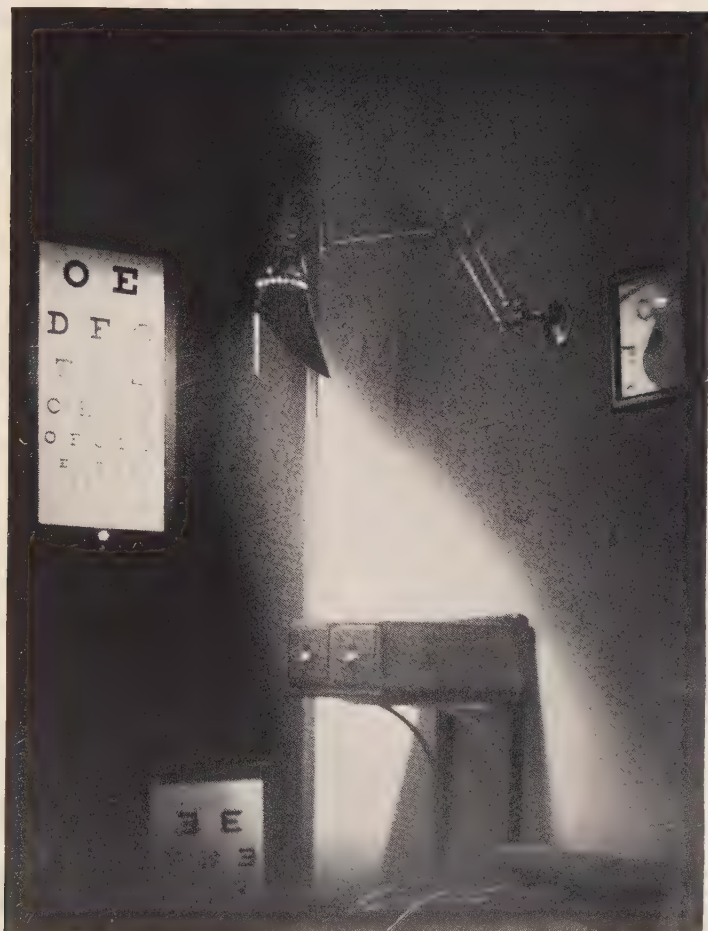
In genito-urinary surgery, the cutting of strictures, external and internal, and the passage of a filiform. Mayhap cystoscopy.

In gynæcology, a curettement, perineorrhaphy and trachelorrhaphy, and perhaps the opening of the cul-de-sac of Douglas.

When you can do these things, there are few cases that you will have to turn over to the specialist. It is true that perhaps you cannot get the fee that the specialist does for the same work, yet

you can get a great deal more than your ordinary fee, and can suit yourself as to the time of doing the work. In the meantime the patient will not be milked dry, as he or she generally is after spending a few weeks or months in the sanatorium of the specialist.

During the past decade the use of glasses has become almost universal. The time was when all of the fitting of glasses was in the hands of the regular physicians. To-day, as a result of apathy of the profession, the legislatures of sixteen States place ignorant laymen on a par with you, as far as the treatment of the eye is concerned. There is no great secret in acquiring the ability to fit glasses. When an ignorant layman can successfully do it, there is no reason why you cannot do it better. A trial case, an ophthalmoscope and a work on refraction will not cost more than \$10 or \$15. Your time is not so valuable that you cannot devote a half hour to such an examination. By so doing, you should be able to treat all of the simple refractive errors. If the case be a difficult one, you may send it to a specialist. Most of the cases that need glasses are quite easy to handle. You can get a double fee, and even though you only received an office fee, it is better than throwing the money away by allowing a poor patient to seek an irregular or a department store physician. There is an element of profit in the cost of the glasses, which you yourself can secure if you wish. If you send the patient to an optician for the prescription, you cannot be sure



Corner of an office equipped to specialize on the eye.

that the frames are placed properly, nor can you be certain that the patient is satisfied. Your profit in trying on the glasses yourself will compensate you for the extra trouble involved. Certainly this is true in country places.

A few practical lessons can be obtained in any metropolitan centre, if you do not have the requisite amount of courage to begin independently yourself. I do not mean that you should pose as a specialist, but that you should handle the ordinary cases that come to your office. The patient would rather pay you for the work than go to an optician who has not the *esprit de corps* of a profession to keep him honest. Every patient that you must turn over to another department of medicine spells failure for you, as far as that patient is concerned.

CHAPTER XXX.

AUTOMOBILE VERSUS HORSE AND CARRIAGE.

As soon as you can afford it, you should purchase an automobile. Six hundred dollars will secure one that for all your purposes is as good as the best. If you can take care of it yourself and see to its cleansing in a shed in the yard where you live the cost will not be more than twenty dollars per month; if you must store it in a garage, from \$30 to \$40 per month. A larger car and a boy to ride with you will cost a hundred or more per month.

To the physician more than to any other member of the community the automobile is indispensable. Business can wait if need be, but the work of the physician requires prompt attention at all times. The one who uses the machine considerably for pleasure is apt to feel the need of an increase in his income, while, on the other hand, the one who uses it largely for practice will surely add to his income. It enables one to cover more ground and see more patients and still have more time for study and pleasure than before its advent.

It easily saves three hours a day for the busy man. The ability to hold patients who in moving long distances would otherwise have been lost to other physicians; the gain in availability to the

patient at his house and punctuality in the observance of office hours are elements that cannot be computed. This is especially so in obstetrical work, as it brings the confinement case almost to your door by the quickness with which you can come and return.

If a car be chosen for professional work only, then a runabout is the type. In the city a light car, in the country a heavy car of 30-horsepower. For combined business and pleasure, a four-passenger car is the better fitted.

Aside from its usefulness, there is a certain amount of advertisement in having a car. The layman is apt to judge that the man who drives a car must have an extensive practice; furthermore, it obviates the necessity of standing and talking to patients that one meets when walking. In so doing, many an otherwise curbstome prescription becomes an office call.

On comparing the cost of auto and horse and buggy, the Journal of the American Medical Association, in a statistical inquiry, found that the average cost of outfit for horse and buggy was \$486. The average annual cost of maintenance was \$356.85; average mileage, 2680. For a car under \$1000, the average cost was \$747.60; average cost of maintenance, \$282.95; average mileage, 5000. For the more expensive cars the cost of maintenance is very much greater. The subjoined table from the same authority is more nearly representative of the cost in the large cities:

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	\$3000 CAR LASTING 6 YRS., 40,000 MILEAGE.	\$1200 CAR LASTING 4 YRS., 30,000 MILEAGE.
Depreciation for year	\$500	\$300
Interest 6 per cent. per year.....	180	72
Two sets 4-inch tires per year.....	320	184
Gasoline, oil, repairs, etc.....	200	200
	\$1,200	\$756
Cost per month	\$100	\$63

Of course, in some sections at some seasons the horse is still a necessity. If you do own a horse, then it is almost a necessity to have a driver. This is especially true in the city, because you are never quite sure that he will not run away or some accident happen. When any such fear exists, you will not be quite contented while examining your patient, and it makes a bad impression to run to the window every few minutes to see if the horse is still there. A red, or, better, green cross on the front and rear of the car will indicate that you are a physician. In some places it will entitle you to the right of way over other vehicles and grant you some immunity from speed ordinances; at the same time, it is a legitimate form of advertisement.

CHAPTER XXXI.

ON DRUGS AND THE PHARMACIST.

SOON after you have opened your office, the nearby druggist will probably present you with prescription pads with your name and address above and his own on the bottom or on the back of the page. Unless there be some favors shown to you by a certain druggist, it is better to tear off the name of the druggist from the bottom of the pad. If the druggist helps you, of course that is a different matter. Certainly, after you are well established, it is better not to appear to be partial to any one druggist, unless you really believe that he has better medicines and is more honorable than his fellows. To single out one druggist and send the patient to him begets the suspicion in the minds of patients that there are some commission arrangements between you and him on such prescriptions. This commission business is still unfortunately practised in some country towns, but is fast dying out. Never try to do such a thing. It is bound to be found out sooner or later to your detriment, and you never feel quite honest while you are doing it. If you want to do favors to the druggist, such as treating his family gratis, well and good, but do no commission business.

Be exceedingly careful of your early prescription writing. The druggist invariably scans the instructions of the new doctor critically, and the laity

as well as the local profession will soon learn of the young man's proficiency or ignorance, as shown by his prescription. If your first efforts at prescription writing be bad, no matter what your real skill may be, the druggist will classify you accordingly, the judgment will go out quickly, and years of successful practice may not suffice to eradicate such an influence.

Good-natured cynical doctors love to disillusionize the neophytic as to the value of medicines. To appear bright they will scoff at medicines. Such men you will find are either fools or failures. They will tell you that one should tell the laity the exact condition of every ailment, and they will themselves tell the laity that there is no medicine for this or that disease; that scarlet fever is self-limited and needs no medication, etc. If you follow this line of talk, which is quite common among recent hospital graduates, you will soon see looks of distrust on your patients' faces and often receive word that they have called in their old family doctor. The folly of trying to explain the whole pathology of disease in a ten-minute dissertation to anyone, no matter how intelligent he may be in other things, is very apparent. It took you four years to understand it; how can another be expected to learn it in a few minutes?

Faith does a great many things that pathological process cannot explain. Much of the confidence of the patient in physicians is held together by the medicine prescribed. If you tell them you leave

R

For baby May
Syr Prun. Virg Zij
Tr Opil Zss
Syr Solu Ziss
Sig. A teaspoonful
as directed V

Faulty prescription

R

Brom of K
3i Zi
Rhydrate of chloro
Ziv
Aq Menth pip Zi
Syr Simpl Zi
ms A teaspoonful at
bedtime in wineglass of
water

Odd prescription

R

Syrup Sarsaparillae compo
Zii

Kali jorati Zii

Hydrargyri bichloridi rubri
grauum uncoss

M

Careful prescription

Practice of Pharmacy (Remington).

Y at julow ill

Gulph morpho jll

Pst Load Zll

Sup together

Badly written prescription

Types of prescription writing.

them to nature, nature gets the credit and not your genius in so deciding. Certainly a large proportion of the poorer and middle class have no confidence in a doctor who does not prescribe medicine.

From a pathological standpoint cirrhotic livers and kidneys, chronic lung and cardiac cases must eventually result fatally, yet they are carried along for many years and eventually the patients die of some other disease. Always give some medicine; otherwise, 99 per cent. of your patients will be disappointed. Often your added advice as to hygiene, etc., will be far more valuable, but people do not appreciate this; they want something tangible. Medicine increases their faith in you. It is good practice to have every patient on some form of treatment; this is a rule in most hospitals. In outlining treatment in any case begin by regulating (1) the diet, (2) hygienic measures, (3) physical therapeutics, (4) medicines. Try to advise as many therapeutic measures as possible for the patient's comfort in every case. All of these therapeutic measures show that you are alive to the situation. It keeps the family busy and they appreciate you in direct proportion. If a fatal issue occurs, no one can charge that you did nothing for the patient.

Don't condemn the home treatment that was instituted before you came. It is seldom of any harm and it may cause serious misunderstandings in families, as the one who administered it will be severely criticised and will probably be your enemy afterwards.

Don't order simples without prescribing them unless the people are very poor. Remember, in many cases natri. bicarb. is much more effective than baking soda, etc. This does not apply to cases where you are giving other prescriptions. Don't neglect to order something for every patient who consults you. If there was not something wrong, the patient would not complain, and if you don't do something the natural inference is that you do not consider that there is any cause for complaint. This leads up to the next point and that is, never to treat a patient's complaint with levity, no matter how silly it may seem to you; no one really thinks lightly of a doctor's visit or call. What you in all of your wisdom think is only imagination on the part of the patient is, after all, a real symptom. So listen attentively to all complaints, weigh them carefully and explain them away if you think they are of no importance; but never laugh at them. After all, you are in a measure the servant of the patient; he pays you to listen to his complaints.

Many fond mothers will tell you that they have homœopaths for the children, because the children won't take the regular medicines, and sooner than have none they resort to the disciples of Hahnemann. Never neglect to advise that any disagreeable medicine should be given in water. Pills are not popular now; capsules and cachets are commonly ordered. Tablets are preferred by many. The poorer classes have more faith in medicines in liquid form than in any other.

It is better to give medicines in small doses and often, and use them locally wherever possible. The patient may perhaps understand the process whereby salol is split into carbolic and salicylic acid by the alkali of the intestinal tract if you wish to explain it to him. It increases his faith in the agent.

To infants give nothing that is not pleasant. If you study this matter you will see that few essential medicines are disagreeable and if properly administered are not very repugnant.

Medicine when given to the German is best administered in liquid form and in fairly large quantity; to French and Americans, the tablet or capsule is preferable to the powder or liquid. Do not teach the people how to use a hypodermic syringe on themselves. In fact, don't teach them self-medication any more than you can possibly help. It is unnecessary to point out to you the evil consequences upon the patient.

In treating Italians of the poorer class, when the patient is not decidedly improving daily, you must daily change the medicine or add some additional medication; otherwise, they are apt to grow discontented and look for a new doctor.

Among pseudo-scientific people there is a growing tendency to-day for the patient to read and criticise the prescription. If you wish to prevent this, you may substitute the Latin or Greek equivalents, as, *secale cornut.* for *ergot*, *tr. thebaica* for *tr. opii*, *chinin* for *quinine*, or else to use the chemical substitute, as *K*, *Br*, etc., or you may reverse the no-

menclature, as sulphatis quin. instead of quinine sulph.

As a great many people do not have any faith in a colorless medicine, in most instances color it with cudbear. Chlorophyll furnishes a beautiful green color. The proprietary and patent medicine people have long been conscious of this defect in human nature.

When you prescribe very large doses, show the druggist by an arrowhead that such is the intention. In writing a prescription containing any of the opium or cocaine preparations, you should always write "Ne repetantur" on the prescription. A convenient way of keeping records of your prescriptions is to have your prescription pads fitted with carbon paper interlining. This is an excellent practice, as you will then never be kept awake all night, worrying about the question whether you wrote for a ʒi or ʒi of some poisonous drug in a prescription, the dose of which was a teaspoonful. Most patients will importune you for a tonic. Tell them that the medicine that you are giving them is a tonic, qualifying that it is a tonic for the nervous system, kidneys, etc., as the case may be.

If a patient comes to you with positive assertion that he has such and such a disease, don't be over-anxious to destroy the illusion unless you are absolutely certain that his illusion is going to do him harm. There are plenty of people who will have their own way in everything, and they will have it in diagnosis as well. You can state that there is

some such trouble, but in addition, he has the disease that you discover and that you will treat him for both conditions, but most for the disease diagnosed by the patient. In this way you will not injure his *amour propre* and at the same time will do him as much good as though you rode rough shod over his opinion; in the meantime, you have gained a loyal client.

Don't minimize sprains, colds, etc., by saying, it is only a cold, etc. Give it the scientific name as well as the common name, if it be a minor complaint, informing the patients that it may cause a bad result. If you do not do this, and as a result of infection they have a stiff finger, or a lame arm, or a general septicæmia, you will not be thanked for your services.

CHANGING MEDICINES, ETC.

At the commencement of an illness it is better to write for a 2-oz. mixture unless you are certain that the medicine will be of service during its entire course. Often the medicine will not agree with the patient's stomach, and sometimes you will wish to change it the next day, so that if you order a large amount it will be a constant reminder to the patient and friends of a slight error in your judgment, aside from the cost which quite often appeals to them as forcibly. In changing a medicine, do so gradually unless there be some digestive disturbance following its use; that is, continue it two or

three times a day while it lasts, in the meantime substituting the new mixture.

APPARATUS, ETC.

Don't order expensive apparatus, etc., unless you cannot absolutely get along without it in a prolonged case. In poor families the \$1 for a spray looks more than the \$1 for the doctor. The same applies to belts, crutches, etc.

In prescribing expensive drugs, tell the patient beforehand that they are expensive. Do not be anxious to try new drugs. Let the man with a reputation take such chances.

THE DETAIL MAN AND THE PROPRIETARIES.

Many of your early morning callers will be agents for various proprietary medicines. Like the early bird, they are out to catch the worm. Listen to their story, if you have time, but beware of such advice as they dispense. They are well drilled in the story and repeat it like a parrot. In spite of the fact that they often have M.D. attached to their names, they do not know as much as a first-year medical student. Do not give the sample that they leave with you to the first patient that comes along, because you may perchance feel that it might possibly help his trouble, inasmuch as the label so promises. If you ever give such samples to patients, be sure to remove all of the labels; otherwise, the patient will think that you are giving him

patent medicines. If he feels better after taking it, he will take the same bottle for the many other diseases that the label declares can be cured by it. Meanwhile, you will have lost control of the patient. Certain drug firms exploit their wares in this way. They send a large number of small packages or bottles of their products, suitably labeled of course, and surrounded by instructions and advice to physicians, who unwittingly give them out as samples. For that reason proprietaries containing magnesium sulphate are used almost as much as Epsom salt, and almost as many cures are wrought by them as by Epsom salt, to the great honor and profit of the manufacturer. Do not allow yourself to be humbugged in this way. Don't be afraid of incompatibilities in prescriptions. If there is any serious one the druggist will notify you. If there is anything good in a new article, the current medical journals will extol its merits; so don't prescribe proprietaries or patents, unless you are absolutely certain of their superiority. You should consult with your druggist as to the best means of disguising nauseous medicines, and when you have succeeded in disguising the taste you have done all that any of the proprietaries have done, and done it at half the cost to the patient.

On the other hand, prescribe anything that will benefit your patient, but avoid the so-called patent medicines, *i.e.*, the medicines that are advertised to the laymen. As a matter of fact, they are for the most part not patented, but are really secret nos-

trums, not one of which, so far as I am aware, possesses any value that is not an open book to anyone who will try to look the matter up. There are various books published containing a list of the ingredients of these preparations, as well as hair dyes, complexion cream, etc. Your druggist can give you a list of such books; they are styled formularies. The proprietary and really patented medicines do not come under that category. Many of these are elegant preparations, and in places where pharmaceutical skill is lacking, they are almost a necessity. If you honestly believe that the druggist cannot put up as nice a preparation, according to the National Formulary directions, then you are justified in prescribing the proprietary.

CHAPTER XXXII.

BUILDING UP AN OFFICE PRACTICE.

EVERYONE should strive to acquire an office practice. It is the most difficult to secure and possibly not so remunerative. On the other hand, it is not so arduous and is more satisfactory. It is your bank account against the time when you are ill or too old to get out. The secret of acquiring it lies in your ability to always do something for the patient when he comes to your office, that you could not do for him at his own home. A poor therapist seldom has a large office practice. No matter whether you do any general dispensing or not, you should have a few tablets for sick people who come to your office with a severe headache, acute gastric disorder or constipation. If they are suffering, give them then and there something for the relief of the pain before you have finished your examination. Always aim to have the patient feel better after each time he has come to your office.

Whether you accomplish this by spraying his nose—and there are plenty of people willing to be treated for years for catarrhal conditions of the nose and throat by local applications rather than be cured at once by operation—or again by relieving uterine disorder by tampons; by treating neu-

rasthenics by electricity, rheumatics by baking, vibration, light, etc., is a question of your skill. All of these procedures take time, but as your time is your most plentiful asset in the early years of practice, do not let that disturb you. Stick to your office hours, and do this from the start of practice. Of course, if you receive a call in the course of your office hours, go out; but after you have built up a large practice, it is well to wait, if possible, until after your office hours. If you are not in on two or more occasions during your office hours, a patient is apt to get the idea that you are rarely at home. Keep appointments by all means, as breaking them discourages patients.

STOMACH CASES.

Don't think that you can relieve but the slightest of stomach cases by a simple prescription. Don't mistake them for true organic disease, because true organic disease will often have a neurasthenic stomach engrafted on the primary condition. Don't tell these patients that there is nothing the matter with them. No matter what the books and pathologists say, they suffer actually and far more than many who have an incurable disease. Don't forget to tell them to come back if not relieved, and not to take more than two bottles of the medicine. Don't call it gastritis or catarrh of the stomach unless you are quite sure of your diagnosis.

NEURASTHENIA.

In treating nervous women, suffering from neurasthenia, don't inform the patient or friends that there is nothing wrong with the patient, that it is only her nerves. They will not believe that the, to them, manifestly severe symptoms that she complains of are nothing but imagination. On the contrary, assure them, as well as the patient, that she really suffers more than tongue can tell, but that the symptoms will surely pass off, and that she will surely get well. These cases are very trying to most men, and if they last long one is very prone to neglect them or only visit them at long intervals. Yet, strangely enough, these are the very ones that will build up a big practice for you by their constant harping on their complaints and paying compliments to your skill in relieving them. Treat the case with as much apparent seriousness as though it was some severe malady. Call often, even though it be somewhat repulsive; your presence does the patient more good than the medicine, which, by the way, you should always prescribe. Confidence is engendered by your presence, and people are far more willing to pay you for your interest and attention than you think they are.

The amount of serious illness is steadily diminishing; on the other hand, people are paying more attention to the so-called minor complaints. Such complaints a decade ago were borne as a matter of course, or were treated by some household remedy.

If you wish to succeed, particularly in an office practice, you must pay much more attention to these complaints than the practitioner of the past has done. Your text-books will not help you much in this matter; there are a number of small monographs dealing with such matters, and the medical journals have occasional articles on these subjects.

CHAPTER XXXIII.

AIDS IN PRACTICE.

THE TREATMENT OF CHILDREN.

IN the treatment of children the physician is called upon to display all the tact, skill, and ingenuity he possesses. He must, above all things, keep his temper and never get impatient. A child's confidence is difficult to get and easy to lose, but once it realizes that you are its friend you can have no more tractable patient. There is an old superstition which many mothers believe in, to the effect that babies are perfect judges of character, and while this is a foolish belief, it is wise to take advantage of it. See that the baby likes you. If you can win the baby's affection, the entire family is at your disposal. The first five years of a baby's life is the period of most financial benefit to the doctor.

HABITS.

All of your after success depends on the habits you acquire in the first year or so of your practice. You will scarcely change much after your second year. Try to cultivate cheerfulness, industry, happiness, punctuality, and honesty. As the bough is bent, so the tree inclines. Punctuality is easily acquired and as easily lost. Go to bed no later than eleven and rise no later than eight. Most young practitioners think that they might as well sleep on as long as there are no patients waiting for them.

It is not likely to improve a patient's opinion of you for him to find you in bed at nine or ten in the morning, when others have already half a day's work done. It is not at all infrequent to see patients who have gone around in the morning from one doctor to another, until they find one who is up and about—of course, he gets the case. If the shades are up, people will often come in on their way to work, when they would otherwise pass by, thinking that you are not awake yet.

DIET SLIPS.

Printed diet slips for half dozen of the principal diseases that require careful dieting, such as diabetes, the various stomach disorders, nephritis, etc., are very useful adjuncts. They afford patients something definite in the line of regulating their diet, and show that you take an interest in that particular disease, that you have treated many such cases and are up-to-date on the subject. Furthermore, it is a legitimate way of advertising yourself. Every time a patient, or any one else, for that matter, looks at the diet sheet your name is in evidence, and it serves to remind him of his return call to your office. The card should be of stiff cardboard and should read somewhat as follows:

SPECIAL (STOMACH) CASE.

DIET CARD FOR PRESENT CONDITION OF

.....

DR.....

MAY HAVE

Chopped Steak (2)
 Mutton Chop (2)
 Chicken ($\frac{1}{4}$)
 Roast Beef (1)
 Boiled Ham
 Butter
 Smelts
 Boiled Fish
 Oysters, Raw

 Milk and Cream
 Eggs, Soft Boiled or Poached (2)
 Toast, Stale Bread (3)
 Zwieback
 Well Cooked Cereals
 Cream of Wheat
 Farina
 Green Peas
 Baked Potatoes

 Stewed Prunes
 Vichy ?
 Cocoa

MUST NOT TAKE

Pork, Veal, Corned Beef
 Smoked Meats
 Sausage, Goose, Duck
 Bacon, Fried Ham
 Cheese, No Soups
 very little Salt, Salmon
 Mackerel

 Shad, Herring, Clams
 Fried Fish, Ice Cream
 and Soda, Fried Eggs
 Fresh Breads, Rolls
 Salads of all kinds

 Fried Potatoes, Sweet
 Potatoes, Cabbage
 Carrots
 Lima or Soup Beans

 Cakes, Pastries, Pies,
 Pudding, Raw Fruit
 Nuts, Radishes, Pepper
 Vinegar, Cold Meats
 Tea, Coffee

In default of this, you may use the diet slip furnished by drug firms, always erasing the names of the donors, so that it does not look like a patent medicine advertisement to the patient. Such slips are seldom correct, and not very satisfactory.

INTEREST IN THE ORDINARY CASE.

In your dispensary and private work, strive to be interested in the common ordinary case. Don't devote all of your time looking for the rare cases.

From a practical standpoint, your success in life depends on your treatment and management of the ordinary case. A case of pulmonary tuberculosis or a neurasthenic stomach may, after a few months of dispensary work, seem too ordinary for you to devote more than a passing moment's attention; yet there is more of practical value to be learned from every such case than from the rarest case of acromegaly, Addison disease, or what not. These common cases are the ones that you will see daily, and your skill in handling them will determine your future success. As common as they are, no one knows how to handle all of them or any large percentage of them, and you cannot study them too much. There is no such thing as standing still and letting the practice grow. One must be continually making new circles—either by acquaintance or by demonstrating skill in certain lines, by new instruments, by new procedures; otherwise, practice will be gradually curtailed. Old men who fail to take this principle into account usually lose their hold. Some of them complain, but few seem aware of the true cause.

It is sometimes advisable to stay up with the dying patient, especially in good families. It will be gratefully remembered, and in some cases will prevent their sending for another doctor, who may be piratical enough to say harsh things concerning you, and, strangely enough, people almost always believe the last man's word and verdict on any case.

SEXUAL DISCUSSION.

Most young physicians feel timid in discussing sexual problems with their patients. It is wise not to seek such conversations, but you must not shirk your duty. In speaking of the genitals use the term "privates"; it will be more intelligible; copulation in the case of married people is best spoken of as "family relations"; sometimes the term "connection" is used. In trying to find out if a young girl has ceased menstruating as a result of pregnancy, you can often get her rather timid answer by questioning, if she is keeping company with anyone. If she hangs her head and says "Yes," your suspicions may be aroused.

In all of your sexual examinations or questioning, be serious and businesslike; never joke, because it will be misunderstood.

ACCIDENT ADJUSTERS.

Don't commit yourself to adjusters for accident insurance cases, who come to you presumably to settle a case. They are very often wolves in sheeps' clothing, and will often try to get a statement from you that may imperil the claim of your patient. Absolutely refuse to discuss the case with them unless there is a settlement pending, when you can put the case as strong as honesty will permit. It is generally better for a physician not to try to arrange any settlement, as in any event he will be criticised. Some one will tell the patient that he should have received far more, and many will think that you are making a fat fee from the company.

CHAPTER XXXIV.

ON MAKING FRIENDS.

As soon as you have settled, go out and make the acquaintance of the nearby druggists. They will generally tell you of the great financial success of the nearby doctor. Listen to all they have to tell you, but do not criticise any doctor. If gracious, they will send you accident and emergency cases. Unfortunately, most druggists will send them to the men with the largest practice. However, if you step into the store often, you will be apt to get an odd case. When a druggist calls you up relative to a prescription always thank him, as he stands as a protection against any indiscretion or errors in your prescription writing. You will also become more familiar with the appearance and use of drugs, if you frequent the dispensing room of a druggist.

If you belong to any religious body, go to church regularly and be seen there, not as an advertisement, but it will make people know that you have some fixed moral and religious principles that agree with their own, whatever they may be. But do not try to make capital out of it; it will antagonize others, both physician and layman. Sunday-school teaching, gospel leading and addressing, etc., should all be tabooed. No matter what your religion may be, never be a bigot. Don't laugh or sneer at any

religious or political faith; one man's opinion is as good as another. Remember, you must know no creed or politics—all men are alike to you, and no matter what they may say or think of religion, make no comment.

In the city, the friendship of janitors is not to be despised. Good souls that many of them are, they are the impromptu nurses of the poor, and even of the moderately well-to-do. You will find them, as a rule, fairly intelligent. Treat them at half rates and tell them so; often charge them nothing. A hustling janitor will get you more patients than a clergyman, and they will usually be able to tell you if the people will pay you.

Treat nurses and the women about the sick room with politeness and consideration. If you make friends with these old women, they will cover up your many blunders and will do much to insure your continuance in cases from which you would be otherwise dismissed. Likewise, they will try to send you patients. For the most part they are barely able to eke out an existence. Charge them a minimum fee, or not at all. Trained nurses are usually able to pay full fees.

Be serious always. Membership in secret societies, lodges, etc., is of benefit in making a man known, provided that the members are of the proper kind. Some physicians are very successful in making friends in such societies, other men are by nature diffident and backward and reap no benefit from them. In any event, to get anything out of them it

is necessary to attend the meetings regularly and meet the members early and often.

It is worth while to cultivate the friendship of men who are in semi-public positions, and who come in contact with large numbers of people residing in your neighborhood. Hotel clerks, bartenders, etc., may well be shown favors in rendering bills if they go out of their way to send you patients. Of course, you should let them know that you are making concessions in this way. It is certainly good ethics to return a favor, whether it be in medicine or in any other profession. Of course, you would not hang around hotels, etc., under any circumstances whatsoever unless you were the hotel physician.

Avoid making enemies. In other professions enemies are not of so much consequence in interfering with success; with you such enemies may ruin you in your early years, and you must do everything to disarm unfavorable criticism, even though it wounds your own self-pride in so doing. That can easily be smothered when you consider that the time will surely come when you can be independent and not beholden to anyone. Anyone who succeeds in avoiding enmities is bound to succeed in practice; while it is doubtless true that men who make strong enemies will also make strong friends, it does not help to the same extent in medicine as elsewhere. Implacable enemies are a continual yeast, breeding mischief for your future practice.

CHAPTER XXXV.

PERSONAL MANNERS.

TRY to cultivate a pleasing manner towards people, particularly towards the women and children that you meet in the street. If you are stern and pass acquaintances without a bow or smile, you will drive away many a prospective patient.

Let cleanliness in all things be your motto, and let patients see that that is your watchword, whether it be the invariable washing of the thermometer, the cleansing of your hands after attention to the sick, the cleanliness of your clothes, or just as important, the cleanliness of your language. Let it be ever evident: no joking, no *risqué* stories, smoking seldom, and chewing tobacco never.

In dealing with patients, who are also friends and relatives, treat them the same as strangers; when they are consulting you be all business and no gossip. It is better to take money from them, if they offer it, as they will feel more independent. Never be disappointed if your relatives or friends do not consult you, no matter how smart you think you are. There is nothing so dear as one's own body, and you cannot blame people for having what they think is the best for themselves in this regard. Don't fail to explain that to them. Besides, there are many personal reasons in families of your rela-

tives and friends that make them hesitate to confess their sins or weaknesses to you.

Don't deceive anyone, even a child. When you are going to hurt anyone, tell them that it will hurt a little; but never suddenly open an abscess, or sew a wound without telling the patient that you must do so. If you do, the patient will never have any confidence in you again. If he says, you must not do so and so, and if he is not a small child, do not do it whatever the operation may be, as you have no legal right to do so. Then say you will do the next best thing, etc., but don't show your disgust when patients do not want things done as you feel they should be. If you do, they will go to Dr. Jones, who may do even as you do and yet they will eventually let him do the very operation you essayed, or he may temporize as you should, and keep them ever afterward as patients.

Let your associates be few, and never become confidential with a layman. Much of the distrust of the profession to-day arises from such confidences made in an offhand way to laymen. The young doctor confidently states that there is no absolute cure for but two or three diseases; that medicines do little good, etc. These statements are only relatively true, and are only meant in a relative manner; not so the layman. He takes them seriously and believes that neither you nor any other M.D. knows anything, and hies himself to the science healer, the osteopath, or what not. It is better to have your friends and associates among the members of your

own profession. You will always be learning something from them, and it is only among your peers and equals that you can feel at home.

Always seem serious and busy when patients come into your office; have medical books and journals strewn about, showing that you are studying. Never let patients see you reading novels, or other light literature; you must ever and always appear a serious worker in a serious business.

Aim to get a reputation for carefulness, above all things. Thorough examination and carefulness are synonymous terms. Show that you value human life above all things. Genius counts for little in successful practice. Likewise, fine diagnostic ability is not nearly so often appreciated as the relief of symptoms and confidence that nothing is overlooked.

Regard every case, no matter how trivial, with all possible interest; remember there is in the whole world no other case exactly similar. Patients like to have one take an especial interest in them. Many of these cases, that to you in your earlier days seem wonderful, will look commonplace later. Yet your patient and his friends will probably be your faithful supporters for many years afterward. Most people like a lot of attention; like to have the doctor examine them from head to toe at each visit; like him to apply treatment if possible himself; if there is a mustard plaster to be made, that he should superintend its making and put it on himself, to give medicine himself, etc.

CHAPTER XXXVI.

PERSONAL APPEARANCE.

AvOID prominence in baseball games, races, etc.

A distinctive style of dress is often of value. It will attract some attention. This is entirely a matter of taste. Try to look like a doctor. This may seem indefinite, but it is not very hard to acquire the appearance, so that strangers will pick you out as a doctor, or at least as a professional man. The doctor in the minds of most city dwellers to-day is tall and thin and wears a Van Dyke beard, or at least approaches this style. He may have a full beard or not, but he should be easily recognized as a professional man.

Unless you are practising in your home town, people do not know how old you are; they judge your experience to be commensurate with your age, or how old you look. They will not question you how many years you spent in practice, or how many hospitals you attended, but if you look old enough, they think that you know at least as much as the average physician. This is one reason that men, entering medicine comparatively late in life, get along faster in practice than the younger man, yet the minds of the latter are really more mobile and retentive, and they are generally better posted than the older man; but the layman does not view it that way.

Don't chew tobacco, and don't go to your pa-

tients smelling strongly of tobacco in any form—to the well it may not seem repulsive, to the sick it may be, and often is loathsome. The same thing holds good, only in a greater degree, with regard to alcohol on the breath of a doctor, which condemns him in the eyes of very many people.

A neat, well-dressed man has advantage over a slovenly one. A prominent employer said: "If you have \$25 and want a position, it is better to spend \$20 for clothes, \$4 for shoes, and the rest for a shine and hair-cut, collar, and walk to the place, than ride with the money in the pocket of a slovenly suit."

Good clothes and neat appearance will get you many a good patient. Unfortunately, many doctors, particularly in the country, fall into slovenly habits especially as to their clothes; this militates against them. Clean polished shoes, well groomed hair, neat, clean clothes, collars, cuffs, and neckties are not expensive. Cleanliness is a virtue, and filthiness, either in character or in clothes, is to be abhorred. Sick people are close observers, and the least bit of vulgarity is repulsive. The story is told of a Boston lady, who refused to see a physician the second time because he said broncheetis instead of bronchitis.

If one can master a prepossessing appearance, social introductions are likely to help him to a practice.

The layman, on meeting you for the first time, almost always makes a mental estimate of your ability. On such an introduction he has no facts on

which to base a judgment, but that does not matter. At once he imagines himself your patient and pictures you according to your physico-mental appearance. If he is finical as to dress, he weighs you correspondingly. If he is a believer that good looks, elegant physique, etc., are accompaniments of a fine mind, you will be judged so far as you meet these requirements. Women, even more than men, are affected by such externals.

A beard is of value, in that it covers your youthful appearance; it prevents people from properly estimating your age. While it is true that the ideal physician, as he exists in the mind of the layman, is not an aged patriarch, as he was pictured a few decades ago, still a too verdant appearance does not speak for much experience.

If you have these personal charms, by all means use them as a means of enlarging your practice. If, on the other hand, you lack them, do as Cicero advises with wealth: despise them and avoid society as such. In any case, strive by study to perfect yourself so that eventually reputation for good work—which is the only lasting reputation—will drive people to you.

Do not have yourself purposely called out in the midst of a meeting or sermon, just to show that you are busy. Do not become prominent in public meetings, else people will think that you devote most of your time to such things and neglect your practice. All patients are jealous. They don't care anything about your prominence, your diamonds, your speech-making, your wife, etc.; they want you to devote



Playthings—an aid in the office when examining young children.

your entire time to them when consulting you. For that reason a joking physician is seldom successful. Don't be unduly familiar with clergymen. Other physicians and laymen are apt to ascribe wrong motives on your part; at any rate, do not allow them to take you around and introduce you among the people who are already the patients of other physicians. I have seen this simple procedure practically ruin the career of a very bright man because of professional jealousy resulting therefrom.

People will employ you, mostly because some one else has spoken of you. The more that speak well of you in any way, the better for yourself.

Under no condition accept alcohol in any form from a patient. The very same people will be the first to say that you drink to excess or will be very ready to believe that you do so if some one else says so. It is better not to accept cigars or other presents, as people always expect a *quid pro quo*—do everything on a business basis—pay for what you receive and likewise expect the same treatment from others.

It is, of course, but proper that you patronize the stores in your immediate neighborhood, even though it cost you more than elsewhere, and have them send goods in your own name, that they may possibly think of you when some one is ill. They may not quite feel like trusting you for themselves as in preference to the family doctor, but they will be likely to speak well of you to others. Do not quarrel with them, if their wares do not suit you, but quietly go elsewhere.

CHAPTER XXXVII.

MARRIAGE.

MOST young men are apt to smile at the mention of marriage, but the old saying is that doctors and ministers must be married. In this matter, two courses are open to you. If you intend to do scientific work, to make a great name for yourself, not to acquire a practice, put off marriage until you have your work well in hand. No man can serve two mistresses—Science and Home. If, on the other hand, you are going to practise medicine, as most of you will, you must soon begin to think of marriage as a reality. In the large cities an unmarried physician is not to-day at much disadvantage. In the country and smaller cities, however, people have such a sense of modesty that single blessedness is a great drawback. Don't get married for a year or two, and not then unless you can support a wife at once. The right kind of a woman is willing to start with little. Most people, especially women, have a notion that a doctor is a veritable gold mine. Beware of marrying any young frivolous school girl with poetic aspirations; rather marry one who will be able to do her own housework for a few years. Trained nurses make good doctors' wives. He who marries money often earns it. Beware of a jealous person in the shape of a wife. I have known many physicians whose minds were upset and whose practices were lost through unreasonable jealousy on the

part of the wife. Don't allow your wife, or anybody else, to come unannounced into the office during a consultation. Don't have the door open, so she can hear. Bring her up not to do such things. Many women patients are exceedingly timid in telling their troubles if they have the least fear that anyone else is listening to their stories. For this reason, be careful in closing folding doors between your office and reception room.

Don't discuss your cases or medicines at your own table, as it makes hypochondriacs of your own family. You will doubtless be quizzed innocently by your women folk as to what is the matter with So-and-So. All such quizzing leaks out, and owing to the position that your wife holds in the community, her statements have greater weight for evil than if said by another. Regard everything that takes place in your office as a confessional secret.

If you begin to tell her the many eccentricities and foolish flatteries of your female patients, she will naturally suspect you. She should be interested in your work, and if she can aid you through her friends, will do so. I know many physicians who owe the major part of their practice to the influence, socially, of the wives. A doctor's wife is in a different position from that of any other professional man; she is a partner in the business; she must know in a general way about his finances, what patients are good pay, and those whom he can do without. She must use her judgment in taking care of his practice when he is not at home, and be anxious and ready to find him when necessary.

CHAPTER XXXVIII.

DON'TS IN PRACTICE.

INVESTMENTS.

DON'T invest your little savings in any wildcat schemes, mine stocks or the like. The schemers and mine operators, stock brokers, etc., regard medical men as the easiest prey, as they are in a sense more imaginative than those engaged in other occupations, and consequently prospective schemes appeal more to them. You will find your mail littered with such prospectuses, etc.; pay no attention to anything that promises great returns, and don't let any patient try to make money for you by getting you in on the inside—as a favor for your valuable services. This last is an old trick, often played in an apparently unintentional manner. Invest your savings in real estate, mortgages or reliable bonds and stocks, but don't do any gambling on margin; very many doctors think that they can beat the market. It is doubtful if one in a hundred do more than come out even.

HEALTH AND ACCIDENT INSURANCE.

A health and accident policy, costing from thirty-five to sixty dollars a year, may seem a little expensive, but in view of the very great exposure that one in our profession is subject to from inclement

weather, from injuries in travelling, as well as the thousand and one infections, it is a good annual investment. Such policies pay at the rate of twenty-five dollars a week, or portion of a week, for complete disability, and proportional for partial disability. It is quite a comfort to know that your rent will be paid, no matter how long you are ill.

Such a policy is of far more value to the young man than straight life insurance, because you need the money now, and have no one else dependent on you. A physical examination is not demanded. Buy such a policy from an old-established company, and above all, see that the agent is a reliable man. The companies are as a rule quite liberal in their interpretations of such policies if the facts are placed honestly before them.

RELIGIOUS BELIEFS.

In orthodox Jewish families the use of pork fat or soap made therefrom is an abomination. Use vaseline instead of lard as lubricant for the thermometer, and as a base for ointments.

In Catholic families do not insist on the patient eating meat on Friday; on other fast days, the rule forbidding meat is not so strictly observed.

The scapular is worn about the neck of most Roman Catholics. It usually consists of two pieces of cloth with a picture on each—the insignia of an Order or Society, in a measure similar to any other society. Furthermore, it is believed that, inasmuch as the Patron of the Order is a celestial be-

ing, its wearing will serve to protect the wearer from harm. Likewise, a cord is worn about the waist by some people with much the same intent and purpose. Don't ruthlessly tear these off and sneer at them, as it hurts the sensibilities of the wearer more than he will show by any external signs.

Cultivate the child. If possible, take the temperature in the axilla unless it is absolutely necessary to take it in the rectum. I have seen a spoon on which sugar was sprinkled, relished as a tongue depressor, where it was almost impossible to see the throat with a plain spoon.

Don't tell a wife that she has contracted gonorrhœa or syphilis from her husband, and certainly you should not tell a husband that he contracted either of these diseases from his wife, as not rarely happens. You may ascribe the infection to closet, toilet paper, etc. Many homes have been broken up by injudicious truth telling in such matters; no possible good can come from such candor. You are not the censor of the morals of your patients. When a man comes to you and says that he contracted gonorrhœa from a closet, there is no use in disabusing his intention to deceive you, and he will not be ashamed to meet you afterward, as he may when he knows that you know him to be a sinner. For this reason, the family doctor is seldom consulted by youths suffering from venereal disease.

Family jars, between man and wife or children or relatives, are often poured into your ears. Listen attentively, but avoid saying anything tangible.

You may appear sympathetic, saying, that is "really too bad," or "is that so?" but be careful never to give any advice as to separation, the infliction of any punishment, or strenuous advice of any kind. Blood is thicker than water, and no matter how deep the wound may be, matters will sooner or later be patched up and you will find yourself the loser. The one party will hate and fear you, and the other will be ashamed; you will constantly be quoted as advising severe punishment or calling him or her such a name, whether you did or not.

PREACHING MORALS.

You will often be asked to preach morals to some one who is either a drunkard or worse, or perhaps you will feel like scolding him. Experience teaches that such moral preachments seldom do any good. On the other hand, you will lose practice this way. This is especially true if the patient is a woman. Almost any woman who drinks alcohol will resent your criticism and will manage to get a physician who will not scold her. The only successful way to preach morals is to point out the harm done the individual from a physical standpoint, but don't rail at anyone with such statements as "you dirty brute," or "drunken sot." Above all, don't have anyone arrested because of his or her conduct. Let some one else do those things. Don't try to be the arbiter of the morals of the community wherein you live, and try to keep your wife from expressing her opinions in such matters.

CHAPTER XXXIX.

ANSWERS TO PATIENTS.

HAVE an answer ready for every problem that the layman puts to you; don't hem and haw. Be positive in all your answers. Anyone who fails to study, and to study hard, for the first three years of his practice will be left high and dry on the shoals of failure. You can all add something to the sum total of knowledge. The joy of the discovery of a new truth, a new means of diagnosis or better method of operating, may save hundreds of lives and fill the soul with satisfaction more than the plaudits of the multitude.

As soon as most patients place themselves in the hands of the physician they no longer regard the disease, but the physician, as responsible for their suffering. If the patient continues to suffer, it is because the doctor has failed to relieve him, and whatever may subsequently happen, it is the prescribed medicine that is accountable for it. On the other hand, when owing to progress of the disease the sensations of the patient change, he is tempted to attribute these modifications to the measure of treatment. Don't ever give up any case, with the statement that there is nothing more to do for the patient, or "I can't do any more," when pressed by the friends. If there is nothing else to do, you

can say that at the present moment there is no other remedy, that everything possible is being done, but that in a day or two something else will be added if a change takes place.

Don't complain of hard times, that business is very poor, etc. These statements are always misconstrued by the layman. He will fear to go to you, thinking that you might be tempted to make business. Everyone wants a busy doctor. Of course, in talking with doctors, you can be as free as you choose in discussing your practice.

If you have time it is much better if all advice to a patient be written out fully and not given verbally, as it looks more like an actual service rendered. It will be better remembered and more carefully followed. This applies more particularly to neurasthenics, and a letter to them, advising them of the safety of their complaint, which they can carry about and read and reread, is often a good therapeutic measure.

When you appoint an hour for a return, call in any case; be prompt, as sick people are generally watching the clock and are easily disposed to be querulous if disappointed.

Stoutly affirm your ability to do whatever you undertake; every affirmative strengthens your position. The older philosophers have always agreed that the best strengthener of character and developer of stamina is to assume the part you wish to play, to stoutly assert the possession of whatever you lack. Be thoroughly convinced that you have

such courage and determination to win, and assert them.

Never say, you *think* that the disease is so and so. Say the patient is suffering from so and so—a definite disease—that the people can comprehend. Most people believe that “think” and “guess” are synonymous terms.

Develop a routine for all sorts of emergencies that you are apt to meet. When you are sufficiently experienced, you can individualize.

It is a great misfortune for a young man to acquire a very extensive practice in the first few years of his career. This may seem a joke, but if he does not have the time to read up on all or most of his cases, he misses the most valuable part of the experience, *i.e.*, a well-balanced ground for his future years.

When you are sent by another doctor to go on a call for him, you will often find the people hostile. Be prepared for it, for they will tell you they don't want any one else, etc. Go in and sit down, ostensibly to rest and chat a few minutes, expressing yourself entirely satisfied and understanding their feelings, etc. You will find that in most cases before you leave the house they will ask you to see the patient. At any rate, they will not be ashamed, because of their bad manners, to meet you at a later date. Few things will do you more harm in life than to live among people who are ashamed to meet you.

VACATION, ETC.

Don't think of taking any vacation until you are well established in practice. If you find yourself exhausted and in need of a rest, after you have been in practice three or more years, you may safely do so. Stick closely to business for the first three years; don't miss a day, Sunday included, unless it be spent in going to medical society meetings. You will find that this reputation of sticking to business acquired during the first three years, will remain with you the rest of your life. Be at home Sundays and holidays, always ready for calls when other doctors are at the seashore or picnicking.

Whenever you find your interest in medicine declining, when you do not get up any enthusiasm over each strange case, then it is time for you to take a few weeks in some post-graduate institution or medical centre, where you will get new ideas and will witness the enthusiasm of others. You will go back resolved to do better work.

CHAPTER XL.

YOUR LIFE WORK.

AFTER the first year in practice, pick out some one disease, as cancer, diabetes, etc., and keep abstracts of all the articles that you read on that subject—not so much with the idea of becoming a specialist as with the hope that some time you yourself may discover something of importance.

It is my belief that the progress of the future lies, not in surgery, not in obstetrics, nor even in the specialties, but rather in internal medicine. The perfection of the technic of the surgical art in all its branches, of course, is not by any means complete yet, but it is almost so. Truly great discoveries as far as diseases affecting large numbers of patients are concerned are necessarily limited. The common affections with surgical possibilities have been so successfully handled that there is little to hope for; on the other hand, the one who discovers a cure for cancer, or even a lead in that direction, will achieve immortality.

In entering medicine, do so with your whole heart and soul. Don't take up any other business while you are waiting for your practice to grow. No one can serve two masters. Think nothing but medicine, talk nothing but medicine. This is the basis of success. Enthusiasm in your life-work is what

will make you a leader. There is no profession in which it thrives more easily than in medicine. Every case is different, every patient a new disease in himself. There is no room for *ennui*. When a botanist finds a new specimen, as he rarely does, his enthusiasm and pleasure are unbounded; how much more interesting should be the finding of a human specimen differing from his fellow in structure and disease. This enthusiasm is the best antidote to the blues. This you must cultivate. You must be enthusiastic and believe thoroughly in medicine and in yourself. Lack of enthusiasm will fail to inspire confidence. It has been said that the human race is divided into two classes: those who go ahead and do something, and those who sit still and inquire. Don't allow yourself to belong to the second class. After getting your diploma after four years of the hardest kind of work, there should be no such word as fail.

Never forget that ours is the most interesting profession under the sun; the greatest thing in life must be life itself. No profession or vocation offers the same variety of themes. From the spiritual and moral standpoint, there is no place that you can do so much good; no place where you can so well relieve pain, both mental and physical. To do this effectively you must take good care of your own health. The laity believe that you carry some charm to ward off disease. The only charm that you carry is good habits and hygienic living. Most of the premature breakdowns in the later life of physi-

cians are due to neglect of these habits in the first few years of practice.

When discomfiture follows discomfiture; when everything seems to spell failure, and patients are few and far between, don't get disheartened and give up as many have done. About 10 per cent. of recent graduates give up the struggle just when fortune is getting ready to shine on them. To everyone has come this period of gloom; almost invariably it is the harbinger of sunshine. Remember, that the elder Flint was not a success for many years; that Samuel Gross was a complete failure in several places before his genius was recognized. Sir Andrew Clark divided the first thirty years of practice into three stages of ten years each. The first ten years he called the bread and water stage, the second ten years the bread and butter stage, and the last ten years the cake and ale stage.

Before you enter practice prepare yourself for these days of bread and water. Don't expect great things for your first year or two, and by that time you will be able to swim or will be reconciled to adversity.



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